



VA West Los Angeles Healthcare System

Clinical Psychology Postdoctoral Residency Brochure 2023 - 2024



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Psychology Postdoctoral Residency in Clinical Psychology



West Los Angeles VA Healthcare Center

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Brochure hosted at: <http://www.losangeles.va.gov/trainee/>

Applications are due December 19, 2022

Residency year begins August 28, 2023

Accreditation Status

The Clinical Psychology residency program at the **West Los Angeles VA Healthcare Center** is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). In 2018 we received the maximum, 10-year accreditation and will undergo re-accreditation in 2028. We also have an APA-accredited program providing specialty training in *Clinical Neuropsychology*.

Questions related to the program's accreditation status can be directed to Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association, 750 First Street, NE Washington, DC 20002; Telephone: (202)-336-5979; Email: apaaccred@apa.org
Website: <http://www.apa.org/ed/accreditation>

APPIC Membership Status

Our program has been a member of Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2009 with our membership renewed in 2021.

Application & Selection Procedures

Application Process

The West Los Angeles VA Healthcare Center offers 1-year postdoctoral residency training in *Clinical Psychology* (Health Service Psychology) with 5 different areas of emphasis:

1. *Health Psychology* – 1 position open for 2023
2. *Trauma Psychology* – 1 position open for 2023 *
3. *Interprofessional Integrative Health* – 2 positions open for 2023
4. *Substance Use Disorders and Homeless Mental Health* – 1 position open for 2023
5. *Geropsychology* – 1 position open for 2023

*NOTE: There is a possible **second** Trauma-focused position available for the 2023-2024 training year. We are again asking for temporary funding for an additional position with an emphasis on Trauma. We received such a position for the 2022-23 training year and hope to renew it. This position will include work in our Domiciliary, Mental Health Clinic and in our Trauma Recovery Service program. Once we determine if that temporary funding is available for the 2023-2024 year, we will immediately update our listings in the UPPD. Information about this proposed position is included in this brochure

We also have one 2-year neuropsychology residency position **OPEN** for application in 2023 (two others will be advancing from first to second year of training). These APA Accredited Clinical Neuropsychology Residency positions are described in a separate brochure: <https://www.losangeles.va.gov/trainee/>

To be considered for any of our postdoctoral residency positions an applicant must:

1. Have completed all requirements for the doctoral degree, in Clinical or Counseling Psychology, including internship and dissertation.
 - a. Department of Veterans Affairs requires that the applicant's doctoral degree and internship be completed at programs accredited by the American Psychological Association.
2. Be a US citizen. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection and all of our incoming postdoctoral residents must complete a Certification of Citizenship in the United States prior to starting training.
3. Be aware that VA employment requires males born after December 31, 1959 must have registered for the draft by age 26. Male applicants sign a pre-appointment Certification Statement of Selective Service Registration before they can be processed into a training program.
4. Be aware that residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.
5. Know that the VA strives to be a drug-free workplace. Residents are not drug-tested prior to their appointment. However, all residents are subject to random drug testing throughout their VA appointment period. You will be asked to sign an acknowledgment form stating you are aware of this VA practice. This form authorizes your drug test results to be shared with VA officials and others who have a need to know. Failure to sign the authorization form may result in disciplinary action up to and including removal.

As a trainee subject to random drug testing, you should be aware of the following:

- Counseling and rehabilitation assistance are available to all trainees through existing Employee Assistance Programs (EAP) at VA facilities (information on EAP can be obtained from your local Human Resources office).
- You will be given the opportunity to submit supplemental medical documentation of lawful use of an otherwise illegal drug to a Medical Review Officer (MRO).
- VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who is found to use illegal drugs on the basis of a verified positive drug test or who refuses to be tested.
- Although medical and recreational use of cannabis is legal in the state of California, it is illegal for federal employees and trainees to use marijuana and its derivatives, including CBD.
- Please see [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)

Additional information regarding eligibility requirements for appointment as a VA Psychology Health Professions Trainee (including Postdoctoral Resident) can be found at the following web address: <http://www.psychologytraining.va.gov/eligibility.asp>

To apply, please submit the following documents:

NOTE: We require submitted applications to come through the APPA CAS portal (APPIC Psychology Postdoctoral Application Centralized Application Service – see web address below). **APPLICATIONS MUST BE RECEIVED BY 11:59 PM, EST (8:59 PST) on December 19th, 2022.** For each of the 1-year Clinical Psychology Residency positions, the following documents will be requested and must be submitted through the APPA CAS portal.

- Letter of Interest (LOI), specifying the position you are applying for along with a summary of educational, clinical and research experiences relevant to that emphasis area. In the LOI please include a statement about your current career goals in addition to your goals for residency training.
 - We are aware that some applicants may have overlapping interests and wish to apply for consideration in more than one track. In this case, the LOIs should be distinct and clearly targeted to the specific track.
- A recent copy of your Curriculum Vitae
- Three Letters of Recommendation (LOR)
 - These letters should be from supervisors/mentors that are familiar with the work you've done in the emphasis track for which you are applying.
- Letter from your Internship Training Director verifying that you are expected to complete, or will have already completed, your internship successfully.
 - If your Internship Training Director is also writing a LOR for you, please **have them make clear that they are/were also your Internship TD** and that you are expected to (or already did) successfully complete your internship.
- A letter from the chair of your dissertation committee detailing the status of your dissertation (including anticipated completion date). This letter should indicate that your doctoral degree has been, or will be, completed **before August 20, 2023**.
 - If your Dissertation Chair is also writing a letter of recommendation for you, please **have them make sure it is clear within the body of their letter** that you are expected to successfully complete your dissertation by August of 2023.
- Graduate transcripts.
 - You do **not** need to send undergraduate transcripts.

Submit these materials through the APPA CAS: <https://appicpostdoc.liaisoncas.com/applicant-ux/#/login> Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. Then select the appropriate program(s) (emphasis area) within the West Los Angeles VA Health Care System. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer. (Note: APPA CAS refers to letters of recommendation as "Evaluations").

For quesitons about application submission issues:

Steven Castellon, Ph.D., Director Psychology Postdoctoral Training
Email: Steve.Castellon@va.gov or scastell@ucla.edu
Phone: Steven Castellon (310) 268-3597

Selection Process (see also, page 11, "Resident Preparation and Onboarding with VA")

We are seeking applicants who have strong skills in intervention, assessment, and possess prior clinical experience and specific interest in their chosen emphasis area. Applicants should have adequate

academic preparation and have acquired Profession-Wide Competencies in context of service provision to adult patients/clients. They should have received individual supervision with direct observation of the clinical work within their graduate program and pre-doctoral internship and they should meet eligibility requirements for VA employment. Applicants should also have the personal characteristics necessary to function well as a doctoral-level professional within a medical center environment and interdisciplinary treatment settings. Our selection criteria specifically focus on educational background, clinical training and experience, letters of recommendation and the ability of the applicant to articulate their training goals and professional aspirations that we feel are consistent with the Residency Program and with VA mission. We seek the best fit between applicants and our training program.

Applications are reviewed by the Director of Postdoctoral Training (Dr. Castellon), in addition to the relevant members of the Postdoctoral Residency selection committee. This committee is comprised of clinical psychologists who serve as primary or delegated supervisors for each of the emphasis areas in which residencies are being offered. [For the 2023-24 training year, staff on the selection committees include: **Behavioral Sleep Medicine/Health Psychology** (Drs. Bailey, Chen, Christie, Kay, McGowan, Saldana, & Taylor-Ford,)), **Interprofessional Integrative Health** (Drs. Serpa, Dennis, and Steinberg-Oren), **Trauma Psychology** (Drs. Boxer, Himmelfarb, Robinson, & Spezze), **SUD** (Drs. Bailey, Cardoos, Johnson and Perales), **Geropsychology** (Drs. Cernin, Booker, Melrose, Osato, Taylor-Ford, & Wilkins.) Following this review, highly ranked applicants are asked to participate in interviews, which, due to Covid-19, will occur via video tele-conferencing. After the interview process is complete, the selection committee again ranks the applicants and offers can then be extended to top applicants for each of the open positions. When applicants are no longer under consideration, we strive to notify them of this as soon as possible.

Our site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any postdoctoral residency applicant. Our site will be abiding by all APPIC-encouraged/mandated Common Hold Date policies and recommendations (see: [Postdoctoral Selection Standards \(appic.org\)](#)). The Common Hold Date is **February 27, 2023**.

The Department of Veterans Affairs is an Equal Opportunity Employer, which prohibits any form of discrimination based on race, color, religion, national origin, sex (including gender identity or sexual orientation), age, disability status, or marital status. Our program highly values cultural and individual diversity and welcomes qualified applicants from all backgrounds. We have a strong commitment to diversity, equity, and inclusion and seek a postdoctoral residency class that represents a wide range of backgrounds, interests, talents, and life experiences.

The Program's Response To COVID-19

Our Psychology interns and residents transitioned to telehealth/telework just after the Stay-at-Home order was announced by the governor of California in mid-March of 2020. This occurred with the full support of our Medical Center, Education Office, and Mental Health leadership. Our overall goal has been to provide the highest quality training while ensuring safe and effective patient care. We worked diligently to maintain as many training activities as possible without significant disruption while ensuring that all program requirements were being met. At present, our trainees (interns and residents) provide care to Veterans via telehealth modalities (secured video connection, telephone if absolutely necessary) but also in-person in several settings. For the 2022-23 training year our residents have been granted permission to telework and also have the option to report in person should they wish to do so or that be required for better clinical care. It is currently unclear how/if these changes may continue to impact training during the 2023-24 training year. In accordance with guiding principles provided by VHA, the VA Greater Los Angeles Medical Center, APPIC and APA, our program will continue to prioritize the health

and safety of trainees, Veterans and staff, and provide training that fully meets accreditation standards and enables interns and residents to receive training in all profession-wide competencies. We plan to update our public materials if we have information about any change to the current policy for trainees to telework, use of tele-supervision in several settings, and/or need to return to in-person care for the 2023-2024 training year.

Training Setting

The VA Greater Los Angeles (VAGLA) Healthcare System is one of the largest and most complex integrated healthcare facilities within the Department of Veterans Affairs. The VAGLAHS consists of a comprehensive tertiary care facility (West Los Angeles VA Healthcare Center), three ambulatory care centers, and 10 community-based outpatient clinics. In fiscal year 2015, VAGLAHS provided medical and mental health services to over 86,000 Veterans residing in the primary service area, including Los



Angeles County, which has the largest concentration of Veterans of any county in the United States. GLA provides comprehensive ambulatory and tertiary care to Veterans in five counties in Southern California, with 964 beds, over 5,000 employees and an annual operating budget of over \$900 million.

The Psychology Postdoctoral Training Program is located at the West Los Angeles VA Healthcare Center. This tertiary care center is spread across an expansive 400-acre campus that includes approximately 150 buildings and is divided into a South and North Campus. The Psychology Department consists of 48 licensed clinical psychologists, many of whom are involved with training endeavors at the internship and postdoctoral level. Psychologists at the West Los Angeles VA occupy a variety of roles throughout the medical center, working in both inpatient and outpatient mental health and medical settings and with several involved in program leadership positions. The majority of WLAVAHC psychologists work in multi-disciplinary settings with allied mental health care professionals.

The West Los Angeles VA Healthcare Center is in one of the most culturally diverse cities in the nation. The Veterans we serve represent a mixture of cultural, ethnic, socioeconomic, and individual diversity. Our overall Veteran population self-identified as 65% White, 25% African American, 4% Hispanic, 5% as Asian and 1% as Native American (* these statistics derived from the 83% who identified their ethnicity when registering for care in Fiscal Year 2015). While this group is approximately 90% male, there are several settings in which trainees can get experience working with female Veterans. There is diversity in terms of age, so although approximately 41% of our Veterans receiving care are over the age of 65, we also have nearly 21,000 OEF/OIF Veterans enrolled in GLA (* statistics as of April 2016), with many of these Veterans under the age of 35.

The West Los Angeles VA Healthcare Center, which is the site for this postdoctoral residency program, is the hospital, research, and administrative center for GLA. It is situated on a 400-acre campus with 150 buildings. The south campus is primarily devoted to medical/surgical and inpatient psychiatric services located in the main medical center building as well as outpatient mental health services housed within two neighboring buildings (Bldgs. 401 and 402). The north campus facilities include two long-term care buildings (Community Living Center) with 352 beds, a 296-bed Domiciliary, recovery-oriented outpatient programs (Psychosocial Rehabilitation and Recovery Center, PTSD program), as well as research and

administrative offices. The 496-bed California State Veterans Home, which was completed in 2010, is also located on the north campus.

The Psychology Department at the West Los Angeles VA Healthcare Center has a strong commitment to, and long history of, providing training. Our Psychology Training Director, Dr. Anna Okonek, oversees our highly competitive (>180 applications annually) doctoral internship program. This internship program has been accredited by the American Psychological Association since 1979 and, at the most recent site visit in 2017, received a full 10-year re-accreditation. Of Psychology Department staff (numbering 52 as of 2019), 29 serve as supervisors in our internship training program and 21 provide supervision in the residency program. In addition to training doctoral interns, the training program selects 4-6 practicum students each year, all of whom receive 9 months of supervised training on two different clinical rotations. Postdoctoral Residents will have a chance to provided layered supervision to both our doctoral interns and practicum students. All clinical supervisors in the postdoctoral residency, doctoral internship, and doctoral practicum program are licensed clinical psychologists and complete biannual training and education in clinical supervision as mandated by the California Board of Psychology.

The Psychology Department at West Los Angeles VA enjoys close ties with both the UCLA Department of Psychology and the Department of Psychiatry & Biobehavioral Sciences at the David Geffen School of Medicine at UCLA. Many staff members, including the majority in training/supervising roles, hold clinical and/or academic appointments at local institutions, including UCLA, Pepperdine University, University of Southern California, and the Fuller Graduate School of Psychology.

Overview of the Postdoctoral Training Programs

There are two postdoctoral residency programs at the West Los Angeles VA Healthcare System that are part of a multiple-practice program. These programs offer advanced training in either Clinical Psychology or Clinical Neuropsychology. Our brochure for the Clinical Neuropsychology residency program can be found at: <https://www.losangeles.va.gov/trainee/>

Within our Clinical Psychology program there are four separate **Emphasis Areas** where residents acquire specialized training within one of the following tracks: *Health, Trauma, Interprofessional Integrative Health, SUD/Homeless Mental Health, and Geropsychology*. The resident trains in the clinic or settings associated with their emphasis area and will have a primary supervisor/mentor assigned who is an expert within that area. While there may be occasions where supervision or consultation is provided by other mental health specialists (e.g. psychiatrists, social workers), the overwhelming majority (95-100%) of residents' clinical supervision is received from licensed staff psychologists that work within each of the clinics. Our Clinical Psychology program aim supports VA's broader mission of training clinical psychologists competent and committed to practice in public service settings. Our training assumes that a health service psychologist should be broadly trained in accordance with the Profession-Wide Competencies defined by APA during their graduate school and pre-doctoral internship training. Our program views residency training as the time for advanced competency development and specialization training. Towards that end we seek to provide individualized, collaborative, and advanced training in Clinical Psychology or Clinical Neuropsychology.

Residents are exposed to a wide array of patients and clinical and didactic experiences over the course of their residency that allow them to further develop and build upon already-acquired Level 1 (Core) Competencies, Level 2 (Program Specific) Competencies, and – in our Clinical Neuropsychology program,

Level 3 (Specialty Specific) Competencies. Competencies for the Clinical Psychology residency program are listed below -- Clinical Neuropsychology competencies are listed in that specific brochure.

Training Model and Program Philosophy

PROGRAM MISSION: Consistent with Veterans Administration mission to “Honor America’s Veterans” by providing exceptional patient care, education, and research our training program strives to ensure that our Veterans and others across the nation have continuing access to highly qualified psychological staff who possess advanced competencies in Clinical Psychology (and/or Clinical Neuropsychology). Training is based on a scientist-practitioner orientation and is grounded in exposure to a diverse array of clinical experiences and didactics with sensitivity to and knowledge about the influence of ethnic, cultural, and individual differences on psychological services.

PROGRAM AIM: The aim of the West Los Angeles (WLA) VA Clinical Psychology Postdoctoral Residency Program (CPPRP) is to promote advanced level competencies in residents such that program graduates are eligible for employment within public sector medical center settings, including the VA, specializing in the treatment and assessment of patient populations with behavioral and mental health problems that affect emotional, cognitive, and/or behavioral functioning. Graduates of the WLA VA CPPRP will have developed advanced competence in the practice of professional psychology integrated with in-depth training and education in a specific *area of emphasis*. Each of our emphasis areas – health, trauma, interprofessional integrative health, and homeless mental health – are consistent with VA areas of clinical need within psychology. Our training provides population-specific focus but also the further and more advanced development of generalist skills and profession-wide competencies.

We believe that clinical training is complemented by attending didactics and gaining research and/or program evaluation/quality improvement experience in an emphasis area and our program has strong connections with local academic institutions, including the University of California, Los Angeles, that allow for research and educational collaboration.

Our developmental training model acknowledges and appreciates that our postdoctoral residents will enter our program with varying degrees of experience. We strive to build upon previously developed skills and competency benchmarks acquired during graduate school and during predoctoral internship. In practice, this equates to the postdoctoral resident being granted more autonomy and responsibility over the course of their training in an organized sequence.

Our postdoctoral program is based on the scientist-practitioner model of training. The core concept of the residency is the understanding and application of scientific research/scholarly inquiry to the practice of clinical psychology. Our program emphasizes the application of current scientific knowledge to the professional delivery of services and this emphasis is reflected in the content of training experiences. These include training in evidence-based practices, participation in clinical research, and programmatic didactics offered through the VA and outside resources. At the completion of training, our residents are expected to be prepared to obtain licensure as well as board certification in their area of emphasis.

Clinical Psychology Program Competencies

The APA Commission on Accreditation requires trainees in APA-accredited programs develop specific competencies as part of their preparation for independent practice in health service psychology. Our residents acquire advanced Level 1 and Level 2 competencies as related/applied to specific areas of emphasis (e.g. Trauma, Health, etc). The *Standards of Accreditation for Health Service Psychology*

published and approved by the APA in 2015 can be found here:

<http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>

LEVEL 1: Scholarly Inquiry. Residents will develop an advanced level of knowledge of evidenced-based practices, the ability to review and to apply research literature to their clinical practice, and the continued development of critical thinking skills, and implementation of a research (or Quality Improvement or Program Evaluation) project during the residency year. Residents will be able to determine when problems are not fully addressed by empirically supported treatments

LEVEL 1: Ethical and legal issues; Professional Values. Residents will attain advanced knowledge of, and professional conduct in line with, APA ethical guidelines and California laws. Residents will be able to recognize ethical dilemmas when they arise and take appropriate measures to resolve them. Residents will demonstrate knowledge and awareness of legal issues pertaining to the practice of professional psychology. Residents will show good professional judgement and will demonstrate professional conduct consistent with the identity of a professional psychologist.

LEVEL 1: Cultural and Individual Diversity. Residents will develop an advanced level of knowledge, awareness, and sensitivity to individual and cultural differences as they apply to assessment, intervention, research, supervision, and the health care system. Residents will demonstrate awareness of and act in accordance with APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists.

LEVEL 2: Assessment/Diagnosis. Residents develop advanced, independent skills in assessment, including differential diagnosis, case conceptualization, interviewing skills, test administration, scoring, interpretation, and the integration of assessment findings in to a report. Residents develop an advanced ability to communicate testing results to patients and to the team members with whom they work. The resident will be aware of issues related to theories of assessment, ethical issues in assessment, and the impact of ethnicity/culture.

LEVEL 2: Intervention. Residents will develop advanced skills in psychological interventions, including conceptualization within at least two specific theoretical orientations, knowledge and application of evidence-based treatments, development of skills in individual and group modalities, and appropriate therapeutic interpersonal qualities (e.g. appropriate empathy, ability to attend to process and content of interpersonal interactions).

LEVEL 2: Interdisciplinary Consultation. Residents will be able to function effectively and cooperatively with interprofessional team members, provide consultation, and contribute to team planning. Residents will form collaborative professional relationships with other disciplines within a team and provide constructive consultation to both psychologists and non-psychologist colleagues. Residents will learn to provide constructive consultation to other psychology colleagues.

LEVEL 2: Supervision and Teaching. Residents are expected to develop entry-level skills in providing supervision to other psychology trainees, in a “layered” supervision context. Residents will be able to identify the needs of students/interns they supervise and provide developmentally appropriate feedback to supervisees. Residents will demonstrate the ability to effectively teach colleagues and trainees in areas of expertise.

LEVEL 2: Administrative and Organizational Practices, Program Evaluation. Residents will gain experience in some aspect of administration, organization or management of psychology service delivery. Residents will observe mentors/supervisor in activities pertaining to organization/management and administration and be able to apply these experiences to their own professional activities or identity.

Resident Preparation and Onboarding with VA: Incoming residents are required to have completed a doctoral program in either clinical or counseling psychology accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA), a doctoral program in Clinical Science accredited by the Psychological Clinical Science Accreditation System (PCSAS), or an APA or CPA-accredited re-specialization training program in Clinical or Counseling Psychology. This includes a completed predoctoral internship and dissertation. Postdoctoral applicants for our program should have adequate academic preparation and have acquired Profession-Wide Competencies in context of service provision to adult patients/clients. They should have received individual supervision with direct observation of their graduate program and internship clinical work and will meet all eligibility requirements for VA employment.

Applicants must meet the eligibility qualifications for psychology training within Department of Veterans Affairs: <https://www.psychologytraining.va.gov/eligibility.asp> . These include:

1. Have completed all requirements for the doctoral degree, in Clinical or Counseling Psychology, including internship and dissertation.
2. Be a US citizen. The VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection and our incoming postdoctoral residents must complete a Certification of Citizenship in the United States prior to starting training.
3. Be aware that VA employment requires males born after December 31, 1959 must have registered for the draft by age 26. Male applicants sign a pre-appointment Certification Statement of Selective Service Registration before they can be processed into a training program.
4. Be aware that residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.
5. Know that the VA strives to be a drug-free workplace. Residents are not drug-tested prior to their appointment. However, all residents are subject to random drug testing throughout their VA appointment period. You will be asked to sign an acknowledgment form stating you are aware of this VA practice. This form authorizes your drug test results to be shared with VA officials and others who have a need to know. Failure to sign the authorization form may result in disciplinary action up to and including removal

Note: acceptance of residents is contingent upon results of a background check, Training Qualifications Certification & Verification Letter (TQCVL) verifications (see <https://www.va.gov/OAA/TQCVL.asp>), and possible drug screening.

The TQCVL confirms that the resident is:

- Enrolled in or accepted into the training program and have had primary source verification of appropriate qualifications and credentials as required by the admission criteria of the training program
- Qualified and has the required credentials to participate in the training program, as agreed to by the sponsoring institution, affiliated participating institutions, and the VA
- Eligible for appointment to a Federal government position
- Physically and mentally fit to perform the essential functions of the training program;

- Immunized following current Center for Disease Control (CDC) guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a healthcare facility.

Diversity Statement: The Psychology Residency Training Program at West Los Angeles VA Healthcare System, is committed to fostering an appreciation for multiculturalism and preparation for practice in a multicultural society among our trainees and staff. We believe it is crucial that psychologists be trained to meet the needs of an increasingly diverse population. Awareness and understanding of diversity and individual differences are crucial to professional development, practice, and research, and we strive to integrate these into every aspect of our training program, including recruitment, didactics, supervised clinical experiences, and clinical research. Our model of practicing diversity includes awareness of one's own beliefs, assumptions, values, and socio-cultural identity, awareness of and sensitivity to others', and an understanding of how these intersect in the therapeutic relationship and institutional environment. We encourage trainees and staff to explore their own cultural identity to help build both personal and professional awareness of their own unique experiences. We prioritize these opportunities as we believe that rich educational experiences are gained when we learn and work with people from a multitude of backgrounds.

POSTDOCTORAL RESIDENCY TRACKS

Postdoctoral Residents will complete full-time (40-hrs/week), one-year postdoctoral positions in Clinical Psychology with an emphasis in one of five training tracks, as described below. Track overview, goals of training, specific training experiences, teaching methods, and faculty are listed for each training track.

Behavioral Sleep Medicine/Health Psychology Track (one position open)
(Please note that this is a **1-year residency** and is OPEN for applications in 2023)

Program Structure

Training for the psychology resident will occur in the Behavioral Sleep Medicine (BSM) Program and various medical clinics. The resident will spend approximately half of their clinical time in each of these two settings.

Overview of Track: This position provides advanced training in Clinical Psychology with an emphasis in Behavioral Sleep Medicine and Health Psychology. The goal of this training track is to prepare residents to function as independent psychologists in integrated behavioral, medical and mental health settings and within clinics fostering behavioral change. It includes required and elective experiences that develop advanced skills in consultation, treatment, and assessment in various inpatient and outpatient integrated health care settings. These settings include: Behavioral Sleep Medicine Clinic (required); Pain Clinic; Primary Care Mental Health Integration; Cardiopulmonary Rehabilitation; MOVE (Weight Management) Clinic; Smoking Cessation Program; Oncology, Clinic and Palliative Care.

The Behavioral Sleep Medicine/Health Psychology Program is staffed by licensed clinical psychologists who provide training at the practicum, internship and residency levels. The resident receives training and direct supervision in providing consultation to interdisciplinary treatment teams, typically informing how a given Veteran's psychological and cognitive strengths and weaknesses may impact treatment. Residents will have a wide variety of assessment opportunities across their training rotations, including opportunities for comprehensive sleep evaluations, cognitive screening, objective psychological

assessment, and the use of a variety of symptom-based rating scales and interviewing techniques. Intervention opportunities are plentiful and include delivery of evidence-based treatments in both individual and group modalities.

Clinical Experiences

This track includes required and elective experiences that develop advanced skills in consultation, treatment, assessment, and program evaluation opportunities in inpatient and outpatient integrated health care settings. Residents will complete a required 12-month rotation in Behavioral Sleep Medicine and 6- or 12-month rotation(s) in two or more of the Health Psychology Clinics (see below). Elective opportunities can be filled in from those rotations described below to best mesh with the resident's career and training goals.

Required Experiences:

BEHAVIORAL SLEEP MEDICINE (BSM) PROGRAM

The BSM program is located within the VAGLA/UCLA AASM Accredited Sleep Medicine Center as part of comprehensive patient-centered care program for sleep disorders. The resident will work closely with the supervising psychologists to deliver evidence-based treatments for a variety of sleep disorders including insomnia, circadian rhythm sleep/wake phase disorders, parasomnias, hypersomnolence, and to address adherence issues in the use of positive airway pressure therapy ("CPAP") in Veterans with obstructive sleep apnea. The resident will also have opportunities to participate in BSM-specific research activities. The main activities will include:

Behavioral Sleep Medicine Clinic (8 hours per week): The resident will spend 8 hours per week in the behavioral sleep medicine (BSM) clinic. The primary focus of the clinic is the assessment and treatment of patients diagnosed with insomnia disorder using Cognitive Behavioral Therapy for Insomnia (CBT-I), the gold-standard treatment for insomnia. The BSM clinic follows the case conceptualization-based approach that is disseminated by the VA Office of Mental Health and Suicide Prevention. This clinical program was developed and implemented by a Diplomate of the American Board of Behavioral Sleep Medicine who is also a National Expert Trainer and Subject Matter Expert for the VA's National Provider training program in CBT-I (Dr. Jennifer Martin).

The resident will begin the training year by attending a 2-day intensive training on CBT-I led by Drs. McGowan and Martin. This training is the same training VA-staff psychologists attend as part of the VA national evidence based psychotherapy roll out of CBT-I and, combined with clinical cases seen in the BSM clinic, will allow for the resident to meet equivalency training status as a certified CBT-I provider in the VA system should the resident decide to continue on to a staff position with the VA.

The resident will gain expertise in delivering CBT-I including how to modify the treatment in special populations including patients with comorbid PTSD, mild neurocognitive disorder, and serious mental illness. Based on clinical need and resident interest, residents may also be involved in delivering behavioral treatments to patients with other sleep disorders, including circadian rhythm sleep-wake disorders (delayed/advanced sleep wake phase disorders), nightmare disorder, and narcolepsy. These clinical experiences may be combined with time spent in the BSM clinic or for up to 2 hours per week outside based on resident interest and supervisor approval.

Additionally, the resident will have the opportunity to be available for live consultation with the sleep medicine provider team (which include attending physicians, sleep medicine fellows, and physician assistants) during the sleep medicine team's half-day outpatient clinic. During this time, the resident will

assist with facilitating referrals to the behavioral sleep medicine clinic, engage in brief motivational interventions to encourage engagement with behavioral health services, and address other psychological and behavioral needs of patients seen within the sleep medicine clinic.

Behavioral Sleep Medicine Didactics (2-3 hours): Residents will have the opportunity to participate in behavioral sleep medicine-focused continuing education (CE) trainings with the goal of obtaining the required CEs to sit for the Diplomate in Behavioral Sleep Medicine (DBSM) board exam. Didactics include local trainings through the Sleep Medicine Clinic and grand rounds at UCLA as well as remote/virtual didactic training opportunities including quarterly training through the VA-ECHO Sleep Group and weekly BSM-focused virtual trainings through the University of Arizona department of Psychiatry. The resident will also have opportunity to attend the annual APSS Sleep conference (usually occurs in June).

Clinical Research (6 hours): There is a thriving behavioral sleep medicine clinical research program at GLA at the Sepulveda Ambulatory Care Center (SACC)*, and the resident will have the opportunity to engage in scholarly writing and to work directly with study investigators to deliver manual-based interventions within IRB-approval protocols. Due to requirements for research credentialing, the first half of the training year will typically focus on scholarly activities that do not involve contact with human subjects. These activities will be based on the resident's interests and may include:

- Conceptualizing and writing a book chapter or review article
- Participating in development of treatment manuals, patient materials or other activities in preparation for new clinical research projects
- Analysis of de-identified data from prior studies
- Writing and submitting an abstract for presentation at a scientific meeting or conference
- Contributing to peer-reviewed manuscripts

The second half of the year (after research credentialing is complete) will provide an opportunity to learn "hands on" about clinical research and to participate in ongoing studies as a study therapist or in other activities that include interaction with research subjects. While the available opportunities vary by year, current opportunities include:

- Delivery of CBT-I to older Veterans and women Veterans with comorbid insomnia disorder and PTSD (VA and NIH funded clinical trials)
- Delivery of an ACT-based intervention to Veterans with comorbid insomnia disorder and PTSD (VA-funded clinical trial)
- Delivery of a CPAP adherence intervention to older Veterans (VA funded clinical trial)
- Additional planned projects (pending funding) include: Delivery of sleep-focused interventions for caregivers of older Veterans with Alzheimer's Disease.

*Note that this rotation would require the resident to travel to SACC in North Hills one day per week.

BSM Supervisors:

Sarah Kate McGowan, Ph.D., DBSM (WLA BSM clinic lead)

Najwa Culver, Ph.D.

Jennifer Martin, Ph.D., FAASM, DBSM (Primary Supervisor for research activities)

Monica R. Kelly, Ph.D., DBSM (Supervisor for research activities)

Austin Grinberg, Ph.D., DBSM

HEALTH PSYCHOLOGY CLINICS

Health Psychology at WLA is comprised of psychologists in various outpatient and inpatient medical clinics working directly with Veterans as well as the interdisciplinary teams that serve them. The resident

will work closely with the supervising psychologists to deliver evidence-based treatments in these various settings. This program is comprised of several elective clinics that the resident can choose from. These include: Pain Clinic, Primary Care-Mental Health Integration (PCMHI), Women's PCMHI, Cardiopulmonary Rehabilitation, Smoking Cessation, MOVE clinic, Oncology, and Palliative Care. At the beginning of the training year, the resident will meet with their primary supervisor to develop a training program that meets the needs and interests of the resident.

Elective Clinics:

Pain Clinic: The resident will work closely with psychologists who are part of an interdisciplinary pain treatment team that includes providers from Rehabilitation Medicine, Anesthesiology, Nursing, Neurology, and Psychiatry. The primary role of the psychologist in this setting is that of consultant to the treatment team based on an assessment of the veteran's current psychological/personality functioning and biopsychosocial history. There are ample opportunities to assess veterans with chronic and complicated pain problems. Pain patients who are candidates for interventional procedures (e.g. spinal cord stimulator or baclofen pump placement) undergo a comprehensive psychological assessment, including clinical interview, self-report measures, and administration of the MMPI-2-RF. Thus, psychology trainees gain experience in the use and interpretation of screening, interview, and personality measures in the assessment of chronic pain. In addition to assessment, the pain psychology program also contributes to a CARF-accredited interdisciplinary comprehensive pain rehabilitation program. Residents conduct pain-focused biopsychosocial evaluations of candidates for the program, provide group-based psychological treatment, and participate in interdisciplinary treatment plans. Finally, residents will gain experience with the CBT for Chronic Pain protocol used throughout VHA with supervisors certified in the protocol who consult for the national program. During the last training year, treatment as well as assessments have been done both in-person and via telehealth. There are opportunities for layered supervision of psychology interns in group treatment and assessment.
Supervisors: Katherine Bailey, Ph.D. and Morgan Kay, Ph.D., ABPP

Primary Care-Mental Health Integration Primary Care-Mental Health Integration: The PCMHI program is based in the Primary & Ambulatory Care Clinic (PACC) where veterans are seen by primary care providers (physicians, nurse practitioners, and physician's assistants) for general and preventive medical care. A team of mental health providers is located within the PACC to meet the needs of those patients with mild to moderate mental health issues including depression and anxiety, PTSD, chronic illness/multiple medical problems, pain disorders, and substance abuse. The PCMHI team consists of psychologists, psychiatrists, and nurses. Residents working in PCMHI will have the opportunity to participate in a variety of clinical and educational activities including, functional assessments, short-term individual interventions, triage and assessment through same day hand-offs from PACC, and collaboration with PCMHI and PACC teams. Often, the same day referrals from Primary Care require a suicide risk evaluation and crisis interventions. This rotation will hone clinical skills working in a fast-paced medical setting, including skills for enhancing patient engagement in mental health services. There are opportunities for layered supervision of psychology interns treating short-term individual patients.
Supervisor: Suzie Chen, Ph.D.

Women's Mental Health Primary Care-Mental Health Integration: The Women's Mental Health PCMHI program is based in the Women's Clinic where women veterans are offered comprehensive care, including: primary care, gynecology, mental health care, social work services, pharmacy, and lifestyle and wellness services. Women's Mental Health PCMHI providers work alongside both the primary care

providers and the women's specialty mental health providers to meet the needs of those patients with mild to moderate mental health issues including depression and anxiety, PTSD, chronic illness/multiple medical problems, pain disorders, sleep concerns, and substance abuse. The WMH PCMHI Psychologists also provides perinatal mental health care. Residents working in Women's Mental Health PCMHI will have the opportunity to participate in a variety of clinical and educational activities including, functional assessments, short-term individual interventions, triage and assessment through same day hand-offs from the primary care team, and collaboration with primary care, gynecology, social work, and mental health teams. Often, the same day referrals from Primary Care require a suicide risk evaluation and crisis interventions. This rotation will hone clinical skills working in a fast-paced medical setting, including skills for enhancing patient engagement in mental health services.

Supervisor: Kathryn Saldaña, Ph.D.

Cardiopulmonary Rehabilitation: In the Cardiopulmonary Rehab Program, Veterans with cardiac or pulmonary conditions participate in regular supervised exercise to improve heart and lung functioning and quality of life. In addition, Veterans participate in psychoeducation programming that addresses relevant psychological topics in the context of chronic heart and lung disease including depression, stress and sympathetic nervous system activation, values in the context of chronic illness, goal setting, and healthy behavior change. Interns lead these psychoeducational groups and also may offer individual interventions focused on emotional processing of and effective coping with cardiopulmonary illness. Residents also perform initial screenings and health behavior assessments of each Veteran entering the program and serve as the mental health consultant to the team during a weekly interdisciplinary staff meeting. Additionally, after training with Dr. Taylor-Ford, the Resident provides training for the psychology interns in these professional tasks.

Supervisor: Megan Taylor-Ford, Ph.D.

Tobacco Cessation Group Program: The Tobacco Cessation Group provides behaviorally focused treatment for veterans trying to reduce or eliminate tobacco use. Group topics include the role of stress and social support in smoking, creating new habits, handling cravings and urges, preventing relapse, barriers to quitting, aids for cessation (nicotine patch, Zyban), and formulating a plan for quitting. This group occurs one day per week and is co-led with our pharmacy team.

Supervisor: Megan Taylor-Ford, Ph.D.

MOVE Clinic: This is a nationwide, interdisciplinary VA program designed to treat obesity. Residents participate in structured classes where they teach behavior change skills for weight loss and healthy lifestyle. In addition, Residents complete evaluations for patients being considered for bariatric surgery and consult with the surgery team.

Supervisor: Megan Taylor-Ford, Ph.D.

Oncology: Psychology provides individual and group psychotherapy for cancer-related depression, anxiety, pain, insomnia, grief/loss. There are also opportunities for suicide risk assessments and pre-transplant evaluations. The work is primarily in the outpatient setting, with opportunities to care for patients during inpatient admissions as well.

Supervisor: Kysa Christie, Ph.D.

Palliative Care: The resident will have an opportunity to attend rounds with the interdisciplinary palliative care inpatient team, conduct psychological assessments with Veterans on the palliative care service (both inpatient and outpatient), and provide psychological interventions for veterans with

chronic, life-limiting medical conditions. Palliative care educational offerings are also available to clinical psychology residents.

Supervisors: Kysa Christie, Ph.D. and Megan Taylor-Ford, Ph.D.

Behavioral Sleep Medicine/Health -- ROTATION GOALS (minimum requirements):

1. **Assessment/Diagnosis:** Acquire advanced knowledge and skills in the assessment and diagnosis of mental health in adults. The knowledge base must include behavioral sleep medicine assessments as well as assessments for mental health related issues in other medical settings. Demonstrate skill in clinical assessment and differential diagnosis, cognitive assessments, capacity, and risk assessment. Demonstrate appropriate use of screening instruments and when to refer to other disciplines. Show skill in written and verbal communication to all stakeholders.
 - a. Complete a minimum of 30 BSM and/or psychological assessments across multiple care settings. Include risk assessments appropriate to the clinical needs of the patient.
 - b. Attendance at didactics
2. **Intervention:** Acquire advanced skills in psychotherapeutic interventions for behavioral sleep medicine and behavioral medicine. Gain knowledge in behavioral interventions for sleep disorders; health, illness, and pharmacology; and adaption of interventions for different care settings. Show skill in applying individual, group, and/or family interventions to adults, using evidence-based treatments, adapting interventions for various medical conditions, and using health-enhancing interventions.
 - a. Follow a minimum of 5 patients for individual BSM interventions
 - b. Demonstrate proficiency in providing Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - c. Lead at least one group in a Behavioral Medicine clinic
 - d. Engage in group and/or individual psychotherapy in behavioral medicine
 - e. Attend didactics focused on behavioral sleep medicine and other medical clinics
3. **Interdisciplinary Consultation:** Acquire independence in interdisciplinary consultation in behavioral sleep medicine and other medical settings. Gain knowledge in prevention and health promotion, contexts/settings of consultation, and roles of interdisciplinary teams. Gain skills in providing consultation, working in teams, communicating effectively, and negotiating multiple roles.
 - a. Serve as a mental health consultant for patients in the sleep medicine clinic
 - b. Participate in interdisciplinary team meetings and case conferences in settings across the medical center
 - c. Discussion of teamwork in supervision
 - d. Completion of independent project
4. **Supervision and Teaching:** Gain skills in providing supervision, including assessing trainee needs and defining clear learning goals and objectives
 - a. Provide layered supervision to psychology pre-intern or interns regarding assessment, intervention, and interdisciplinary consultation
 - b. Participate in Supervision didactic series
5. **Scholarly Inquiry:** Acquire general knowledge in behavioral sleep medicine and behavioral medicine
 - a. Completion of independent project
 - b. Attend didactics, including BSM specific didactics. Present at BSM Journal club
 - c. Attend journal clubs and perform literature reviews for the medical clinics that the fellow is embedded within
 - d. Incorporation of scientific knowledge into all clinical activities
6. **Administrative and Organizational Practices:** Gain skills in administrative and organizational needs, including policies and procedures for service delivery models.

- a. Completion of independent project
 - b. Observation of supervisors/mentors in organization/management and administrative duties
 - c. Successful coordination of mental health care needs of all assigned patients
7. **Ethical and legal issues;** Professional Values: Apply ethical and legal standards to all aspects of clinical practice. Advocate for patients. Practice self-reflection.
- a. Inclusion of legal/ethical considerations in mental health case conceptualization and treatment plans
 - b. Attention to medical record documentation and outside reporting requirements
 - c. Advocate for patient's needs
 - d. Evaluate and address knowledge and skill gaps over the course of the training year
8. **Cultural and Individual Diversity:** Address cultural and individual diversity with patients and families. Demonstrate awareness of aspects of diversity that impact the self as provider and systems of care.
- a. Inclusion of cultural, demographic, and psychosocial factors in case conceptualization, intervention, and treatment plans
 - b. Attention to health disparities and patient values in assessment, interventions, and treatment plans
 - c. Readings in supervision
 - d. Self-reflection in supervision

Teaching/Training Methods

Didactics – the resident in this track is required to participate in weekly didactics through the Behavioral Sleep Medicine Clinic (see above). Additionally, the resident is required to participate in the Postdoctoral Seminar and Journal Club (bi-monthly), Evidence Based Psychotherapy Seminar (monthly), and the Diversity Seminar (bi-monthly), Optional didactics include Pain Clinic Grand Rounds, Assessment Seminar and various offerings throughout our VA Medical Center and neighboring UCLA. See page 26 for a description of program didactics.

Mentorship – the resident in this track will be assigned a Mentor from among the group of primary and delegated supervisors (often, the Primary Supervisor). Mentor aids the resident in evaluating their training needs and interests and developing an individualized training plan (ITP) based on those needs and the training program's competency areas. The mentor also provides professional mentoring to the resident at least monthly, a process that is separate from clinical supervision and is designed with an eye toward the resident's progress through the residency program and development of their professional identity. Career guidance, role modeling, and psychosocial support are a focus of the mentoring relationship. If there is a specific career goal that other psychologists on staff might be particularly expert at addressing, mentors will also facilitate connection between the resident and other expert(s) – in addition to their ongoing role as Mentor.

Supervision – clinical supervision is one of the primary vehicles of training for the resident in this track. They will receive individual and group supervision where intervention, assessment, and interdisciplinary consultation techniques are discussed and evaluated. Modeling, review of tapes (audio and/or video), case discussions, and review of written work are among the methods that allow for evaluation of the resident. The resident receives a minimum of two hours of face-to-face individual supervision each week. The BSM/health track resident will have the opportunity to work with other psychology trainees (typically predoctoral intern or extern/practicum students) under the supervision/guidance of licensed professionals.

Behavioral Sleep Medicine and Health Track Faculty: (please see Clinical Psychology and Clinical Neuropsychology Faculty, starting on page 36 of this brochure, for more detailed biosketch of these individuals).

1. Katherine Bailey, Ph.D. – clinical psychologist in the Pain Clinic and SUD clinics
2. Suzie Chen, Ph. D. – clinical psychologist in the Primary Care/Mental Health Integration (PCMHI) clinic
3. Kysa Christie, Ph.D. – clinical psychologist in Oncology and Palliative Care
4. Morgan Kay, Ph.D., ABPP – clinical psychologist in PCMHI and Pain Clinic
5. Monica Kelly, Ph.D., DBSM – clinical psychologist in Behavioral Sleep medicine; research supervisor
6. Jennifer Martin, Ph.D., FAASM – clinical psychologist in Behavioral Sleep Medicine Clinic; primary research supervisor
7. Sarah Kate McGowan, Ph.D., DBSM – clinical psychologist in Behavioral Sleep Medicine Clinic; primary supervisor
8. Kathryn Saldaña, Ph.D.- clinical psychologist in Women’s PCMHI
9. Megan Taylor-Ford, Ph.D. – clinical psychologist in Tobacco Cessation, MOVE Cardiopulmonary Rehab, Palliative Care and other medical clinic settings

Trauma Psychology Track (one position open)

(Please note that this is a **1-year residency** and IS OPEN for applications in 2023)

Overview of Track: This one-year, full-time, residency track provides residents with advanced training in Clinical Psychology and the opportunity to develop expertise and thorough understanding of trauma and its treatment. The supervisors for the Trauma residents all have specific expertise and interest in the evaluation and treatment of trauma in the VA setting. The resident will work with both male and female Veterans from all service eras, including Veterans from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). The primary training settings for the Trauma Residents will include: *The Trauma Recovery Services (TRS) Clinic, Women’s Health Program, WLA Domiciliary and possibly the WLA Mental Health Clinic.*

The trauma track is comprised of required clinical rotations that provide complimentary trauma-treatment training opportunities. Elective experiences can then be chosen from other rotations that tailor to the resident’s training goals, including those described below from other tracks described in the *Training Experiences* section.

Training Goals: At the end of residency we expect our residents to demonstrate advanced competence in the following areas:

- Development of advanced skill in the **Level 1 competencies** of Scholarly Inquiry; Ethical/Legal Issues; Professional Values and Cultural and Individual Diversity.
- Development of advanced skill in the **Level 2 competencies** of Assessment/Diagnosis; Intervention; Interdisciplinary Consultation; Supervision & Teaching; Organization and Program Evaluation.

We expect our resident in this focus area to:

- develop advanced skills in the practice of psychological and behavioral interventions for PTSD and trauma-related conditions
- develop a professional identity as a health service psychologist with specialized expertise in the assessment and treatment of trauma
- prepare for state or provincial licensure or certification for independent practice of psychology;

- prepare for requirements for board certification in Clinical Psychology and/or Counseling Psychology by the American Board of Professional Psychology

Clinical Experiences

This track includes experiences that develop advanced skills in conducting intervention, assessment, and consultation with trauma and related conditions.

The Trauma Recovery Service (Drs. Boxer and Robinson): The Trauma Recovery Service (TRS) clinic is an interdisciplinary clinic offering assessment and treatment of military-related posttraumatic stress disorder. PTSD is one of the most common mental health diagnoses for veterans at the WLA VA Medical Center. The TRS clinic is serving an increasing number of veterans from Iraq and Afghanistan but also includes veterans from other theaters, including Vietnam. All veterans seen in the clinic will receive a comprehensive psychodiagnostic intake to confirm a diagnosis of PTSD. Veterans are offered a variety of individual and group therapy services along with psychiatric management. There are opportunities to receive training in evidenced based psychotherapy for PTSD including individual and group Cognitive Processing Therapy and Prolonged Exposure Therapy. There is opportunity for receiving training in the Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) to address PTSD/SUD. Additional group experiences include:

- Acceptance and Commitment Therapy
- Seeking Safety
- Dialectical Behavior Therapy Skills Group
- Anger Management
- STAIR
- CBT for insomnia
- CBT for anxiety
- Process/support groups
- Trauma Recovery Group

Women's Health Program (Dr. Himmelfarb) Women's Health Program is an integrated primary care/mental health program that treats female veterans for the whole range of medical and psychiatric conditions. The trauma track resident provides individual and group psychotherapy to women with trauma histories, presenting most typically with depression, PTSD, and anxiety disorders related to trauma types including military sexual trauma, combat trauma, and childhood sexual trauma. The resident will see a number of individual therapy cases using both time-limited EBPs as well as longer-term trauma-focused approaches. The resident typically leads two evidence-based trauma groups, such as STAIR and PTSD Recovery group, and does layered supervision with a Psychology intern who is acting as a group co-leader.

Domiciliary (Dr. Spezze) The Domiciliary Residential Rehabilitation and Treatment Program (DR RTP) is a 296-bed residential facility for veterans with complex substance use, psychiatric and psychosocial needs. The program is based on a holistic, person-centered and recovery-oriented approach to wellness that promotes mental and physical health. There are a broad range of services provided at DR RTP, including individual and group psychotherapy, social work support, in-house medical and psychiatric care, recreation therapy, vocational rehabilitation and peer support. The goal of Domiciliary treatment is to help Veterans develop and maintain sobriety, improve emotional and physical health, increase social support, identify and pursue personal goals and values and ultimately reintegrate into the community as independent and productive members of society. The DR RTP is comprised of several distinct treatment

tracks, each with approximately 45-60 beds (Substance Use Disorder (SUD)/Homeless, SUD, SUD/Serious Mental Illness, Combat Trauma, Detox, and Women's Track). Each track is staffed by a team of providers including psychologists, social workers, addiction therapists, social science technicians, vocational rehab specialists, recreation therapists, chaplains and peer support specialists. Psychologists serve as the team leaders for the treatment tracks and manage program development, provide individual and group psychotherapy, conduct psychodiagnostic intakes and personality assessments, respond to crisis situations and screen patients for possible admission to the Domiciliary.

Residents at the DRRTP will primarily work on the Trauma and SUD/Serious Mental Illness track and work closely with the team lead, but may also have the opportunity to collaborate on groups or individual therapy cases from other tracks (such as co-facilitating the Cognitive Processing Therapy group, which is available to veterans in all tracks). Thus, the training experience is flexible and diverse, and residents have the opportunity not only to develop and solidify psychotherapy and assessment skills but also to gain valuable experience in the areas of program development and interdisciplinary leadership and collaboration.

Teaching/Training Methods

- Didactics – the trauma track resident is required to participate in the *Postdoctoral Seminar and Journal Club* (bi-monthly), *Evidence Based Psychotherapy Seminar* (monthly), and the *Diversity Seminar* (bi-monthly). Optional didactics include TRS and Women's Health didactics – often with psychiatry residents, Assessment Seminar and various offerings throughout our VA Medical Center and neighboring UCLA. See page 26 for description of program didactics.
- Mentorship – the trauma resident will be assigned a Mentor from among the group of primary and delegated supervisors (often, the Primary Supervisor). This mentor aids the resident in evaluating their training needs and interests and developing an individualized training plan (ITP) based on those needs and the training program's competency areas. The mentor also provides professional mentoring to the resident **at least monthly**, a process that is separate from clinical supervision and is designed with an eye toward the resident's progress through the residency program and development of their professional identity. Career guidance, role modeling, and psychosocial support are a focus of the mentoring relationship. If there is a specific career goal that other psychologists on staff might be particularly expert at addressing, mentors will also facilitate connection between the resident and other expert(s).
- Supervision – clinical supervision in one of the primary vehicles of training for the resident in this track. They will receive individual and group supervision where intervention, assessment, and interdisciplinary consultation techniques are discussed and evaluated. Modeling, review of tapes (audio and/or video), case discussions, and review of written work are among the methods that allow for evaluation of the resident. The resident receives a minimum of two hours of face-to-face individual supervision each week. The trauma track resident will have the opportunity to work with other psychology trainees (typically predoctoral intern or extern/practicum students) under the supervision/guidance of licensed professionals.

Trauma Psychology -- ROTATION GOALS (minimum requirements):

1. **Assessment/Diagnosis:**

Acquire advanced knowledge and skills in the assessment and diagnosis of mental health conditions for Veterans who have experienced military and/or civilian trauma. Demonstrate skill in clinical assessment and differential diagnosis of PTSD and related conditions. Demonstrate

ability to show sensitivity towards Veteran's cultural background in assessments. Show skill in written and verbal communication to all stakeholders.

- a. Complete CSRE's and Suicide Safety Prevention Plans as needed in the Dom.
 - b. Complete a minimum of 5 CAPS-5 assessments
 - c. Attendance at weekly Trauma Seminar didactics
2. **Intervention:** Acquire advanced skills in psychotherapeutic interventions for trauma. Gain knowledge in the evidenced based interventions for PTSD including Prolonged Exposure Therapy, Cognitive Processing Therapy, as well as COPE and Written Exposure Therapy. Gain knowledge in the evidence-based interventions for Substance Use Disorders (CBT-SUD) and/or other trauma disorders (DBT informed care). Gain knowledge of providing psychotherapeutic interventions for survivors demonstrating a range of readiness in engaging in trauma focused psychotherapy. Adapt interventions for client readiness, comorbidities, cultural considerations, health/illness. Show skill in applying individual, group, and/or family interventions to Veterans.
 - a. Lead at least one group for Veterans with PTSD
 - b. Follow a minimum of 12 patients for individual psychotherapy
3. **Interdisciplinary Consultation:** Acquire independence in interdisciplinary consultation in interdisciplinary mental health settings. Gain skills in providing consultation, working in teams, communicating effectively, and negotiating multiple roles.
 - a. Attend weekly TRS staff meetings
 - b. Attend weekly Dom treatment team meetings, daily team huddles, and Dom huddles (days present at Dom)
 - c. Communicate clearly and professionally in progress notes, supervision, and team meetings.
 - d. Participate in weekly group supervision in TRS
 - e. Present cases and provided feedback to others during treatment team meetings
 - f. Serve as psychological consultant as requested by other team members.
4. **Supervision and Teaching:** Gain skills in providing supervision, including assessing trainee needs and defining clear learning goals and objectives
 - a. Provide layered supervision to psychology pre-intern or interns regarding assessment, intervention, and interdisciplinary consultation
 - b. Participate in Supervision didactic series
5. **Scholarly Inquiry:**
 - a. Assist with organization and delivery of GLA Trauma Seminar in coordination with other fellows in GLA Trauma fellowships.
 - b. Attend didactics and present topic of your choice during Trauma Seminar
 - c. Completion of independent project in Trauma Psychology (may overlap with a QI or Administrative project)
 - d. Incorporation of scientific knowledge into all clinical activities
6. **Administrative and Organizational Practices:** Gain skills in administrative and organizational needs, including policies and procedures for service delivery models.
 - a. Serve on a committee or workgroup (Trainee Committee representative, MST Committee) OR complete an independent project
 - b. Observation of supervisors/mentors in organization/management and administrative duties
 - c. Successful coordination of mental health care needs of all assigned patients

7. **Ethical and legal issues; Professional Values:** Apply ethical and legal standards to all aspects of clinical practice. Advocate for patients. Practice self-reflection.
 - a. Inclusion of legal/ethical considerations in mental health case conceptualization and treatment plans
 - b. Attention to medical record documentation and outside reporting requirements
 - c. Advocate for patient's needs
 - d. Self-reflection in supervision
 - e. Evaluate and address knowledge and skill gaps over the course of the training year
8. **Cultural and Individual Diversity:** Address cultural and individual diversity with Veterans and families. Demonstrate awareness of aspects of diversity that impact the self as provider and systems of care.
 - a. Inclusion of cultural, demographic, and psychosocial factors in case conceptualization, intervention, and treatment plans
 - b. Attention to health disparities and patient values in assessment, interventions, and treatment plans
 - c. Readings in supervision
 - d. Self-reflection in supervision
 - e. Attendance at didactics
 - f. Discussion in supervision

Trauma Track Faculty: (please see *Clinical Psychology Faculty*, starting on page 29 of this brochure, for more detailed bio sketch of these individuals).

1. *Laurie Boxer, Ph.D* – clinical psychologist in Trauma Recovery Services Clinic
2. *Naomi Himmelfarb Ph.D.* – clinical psychologist in Women's Health Clinic.
3. *Christina Robinson, Ph.D.* – clinical psychologist in Trauma Recovery Services Clinic
4. *Jackie Spezze, Psy.D.* – clinical psychologist in the Domiciliary.

Interprofessional Integrative Health – (two positions open)

(Please note this is a **1-year residency** and IS OPEN for applications in 2023)

Overview of Track: Two one-year full-time positions are available in the Interprofessional Integrative Health track. This training track aims to enhance the interprofessional collaboration, communication, and teamwork that is so critical to successful professional engagement as a psychologist in the VA or other large clinical setting by increasing awareness and understanding of the roles, ethics, and values of multidisciplinary treatment teams. Residents work collaboratively within interprofessional medical and mental health teams that typically include physicians, psychiatrists, social workers, advanced practice nurses, pharmacists, audiologists, and medical and psychiatry residents. This program, which includes Social Work students as well as Psychology Residents, is based in the VA's first Integrative Health and Healing Center (IHHC) on the WLA campus. A joint seminar is offered to gain exposure to leaders from various disciplines and to gain experience with various professional roles, identities, and functions.

Specialized training in evidence-based integrative health and wellness practices, as part of generalist training in clinical psychology, is the heart of this program. Supervision and training in integrative mind-body practices will be provided with a focus on Mindfulness Based Stress Reduction (MBSR) and Mindful Self Compassion (MSC). No prior experience with MBSR is required, although demonstrated interest and proficiency in mindfulness-based interventions is preferred. Residents are responsible for the integration of evidence-based integrative behavioral health interventions such as a program for relief of

tinnitus distress. The resident will also select 1-3 additional training placements to develop clinical skills; past residents have selected from trauma clinics, Primary Care Mental Health Integration, Homeless Primary Care, Insomnia Clinic, Pain Clinic, Mental Health Clinic, and others to provide a range of evidence-based clinical services for mental health conditions.

Training Goals: At the end of residency we expect our residents to demonstrate advanced competence in the following areas:

- Development of advanced skill in the **Level 1 competencies** of Scholarly Inquiry; Ethical/Legal Issues; Professional Values; and Cultural and Individual Diversity.
- Development of advanced skill in the **Level 2 competencies** of Assessment/Diagnosis; Intervention; Interdisciplinary Consultation; Supervision & Teaching; Organization and Program Evaluation.

We expect our resident in this focus area to:

- develop advanced skills in the practice of mindfulness-based psychological interventions
- develop advanced skills in assessment within multi-disciplinary team settings and providing consultation to allied disciplines regarding the implication of these assessments
- develop a professional identity as a health service psychologist with specialized expertise in interprofessional teamwork
- prepare for state or provincial licensure or certification for independent practice of psychology;
- prepare for requirements for board certification in Clinical Psychology and/or Counseling Psychology by the American Board of Professional Psychology

Clinical Experiences:

Individualized Training Plans within this track are set up at program outset with the Primary Supervisor and Mentor and are highly flexible. It will be a **one-year training experience** in which residents acquire skills in assessment, intervention, interdisciplinary treatment planning, teaching and/or supervision, and clinical research as available (which may include program evaluation as well). The core training experience is development of knowledge of MBSR and MSC and skill in providing these group therapies to Veterans, which requires about 50% of the residents' time. The remainder of the time may be divided among didactics, seminars, and training sites of interest to the resident with several graduates specializing in health psychology or treatment of trauma.

The training setting will extend to the two major ambulatory care centers within the VA Greater Los Angeles (GLA) service area: the Sepulveda Ambulatory Care Center (SACC) and the Los Angeles Ambulatory Care Center (LAACC). Residents will provide most services at the WLA campus and work at one of the ambulatory care centers for one day during the training work week. Opportunities to provide wellness-based integrative practices via telehealth technologies will also be available.

Core Component:

Integrated Health and Healing (Dr. Serpa): GLA is a Center for Innovation site to explore the training of staff, dissemination, empirical basis and implementation of mind-body, integrative medicine modalities of care so frequently requested by our Veteran consumers. The integrative, Interprofessional residents will be central to these efforts. In the past several years, GLA has invested in the local staff training and certification for a variety of integrative modalities of care. Residents will be trained in mindfulness interventions and will co-facilitate groups with a licensed clinical psychologist certified in MBSR. No prior experience with MBSR is required

although a demonstrated interest in and experience with mindfulness-based interventions is strongly preferred. Residents are invited to co-facilitate Mindful Self-Compassion (MSC) and Integrative Tinnitus Management (ITM). The Interprofessional Integrative Health Trainees, which may include psychology residents, advance practice mental health nurses, social work interns and psychiatry residents, will also have the option for training and direct clinical experience with programs in the Integrative Health and Healing Center (IHHC) including Yoga, Breathing-Stretching-Relaxation, Tai Chi, and other interventions with a promising evidence basis. The training goal is not simply to learn the intervention, but to utilize the specific skills of psychology to evaluate the evidence basis of an integrative intervention, work collaboratively across disciplines to establish appropriate training, dissemination in an integrated primary care setting, and quality improvement evaluation with related reporting. It is likely residents will be involved in design, dissemination, implementation, and evaluation of employee wellness interventions.

Interprofessional residents will be providing layered supervision weekly to a social work trainee for one individual case. Additionally, residents may have layered supervision opportunities with psychology interns and pre-interns, social workers, and others.

Secondary placements:

Secondary placements would likely last a minimum of 3 months, but may span the full year, depending on supervisor expectations and resident interest.

Primary Care Mental Health Integration (Drs. Chen): Primary Care-Mental Health Integration program is based in the Primary & Ambulatory Care Clinic (PACC) and the Homeless Patient Aligned Care Team (H-PACT – this program led by **Dr. Johnson**) where veterans are seen by primary care providers for both general and preventive health care. A mental health team of providers is co-located to meet the needs of those patients with mild to moderate mental health issues including depression and anxiety, PTSD, chronic illness/multiple medical problems, pain disorders, and substance abuse. The PCMH team consists of psychologists, psychiatrists, social workers, and nurses. Residents working in Primary Care will be responsible for evaluation and assessment, individual and group therapies, team participation and consultation, and attendance at didactics. There are opportunities for layered supervision of psychology interns treating short-term individual patients. Some of the clinic opportunities include:

- Evidence-based treatments (e.g., CBT, IPT, MI and behavioral activation).
- Health Promotion/Wellness (e.g., smoking cessation, MOVE clinic, chronic pain, and acceptance-based approaches).
- Curbside consultations and same day access services.
- Teaching and supervision providing in-service training and supervising pre-interns in Health Psychology.

Pain Clinic (Drs. Bailey and Kay): The resident will work closely with psychologists who are part of an interdisciplinary pain treatment team (Rehabilitation Medicine, Anesthesiology, Nursing, Neurology, and Psychiatry). The primary role of the psychologist in this setting is that of consultant to the treatment team based on an assessment of the patient's current psychological/personality functioning and biopsychosocial history. There are opportunities to assess patients with chronic and complicated pain problems. Pain patients who are candidates for interventional procedures (e.g. spinal cord stimulator or baclofen pump placement) undergo a comprehensive psychological assessment, including clinical interview, self-report measures,

and administration of the MMPI-2-RF. Thus, psychology trainees gain experience in the use and interpretation of screening, interview, and personality measures in the assessment of chronic pain. In addition to assessment, the pain psychology program also contributes to a CARF accredited interdisciplinary comprehensive pain rehabilitation program. Fellows may conduct evaluations of candidates for the program, provide group-based psychological treatment, and participate in interdisciplinary treatment plans. There may also be opportunities to provide group behavioral pain management to Veterans who struggle with addiction. Finally, individual therapy opportunities (i.e. CBT or biofeedback) may be available as well. There are opportunities for layered supervision of psychology interns in group treatment and assessment.

Inpatient Acute Physical Rehabilitation Unit (Dr. Zeller): Residents complete consultations on patients admitted for intensive physical rehabilitation of stroke, amputation, traumatic brain injury, and/or neurological or orthopedic disorders. Consultation can include diagnostic evaluation, psychological and neuropsychological assessment, short-term psychotherapy, and staff support and education. Residents attend weekly interdisciplinary treatment rounds and family conferences.

Trauma treatment: Interprofessional residents may elect to develop experience in EBP for PTSD including PE and/or CPT as supervised by highly experienced psychologists who work in trauma and general mental health clinics. Specifics would be determined upon placement.

Teaching/Training Methods

- **Didactics** – the Interprofessional track resident is required to participate in the *Postdoctoral Seminar and Journal Club* (bi-monthly), *Evidence Based Psychotherapy Seminar* (monthly), and the *Diversity Seminar* (bi-monthly). Rotation specific didactics include participation in a joint seminar with other discipline trainees that is offered to gain exposure to leaders from various disciplines and to gain experience with various professional roles, and functions. Optional didactics include PCMHI didactics, Pain Clinic didactics and Grand Rounds. See page 26 for a description of program didactics.
- **Mentorship** – the Interprofessional resident will be assigned a Mentor from among the group of primary and delegated supervisors (often, the Primary Supervisor). This mentor aids the resident in evaluating their training needs and interests and developing an individualized training plan (ITP) based on those needs and the training program's competency areas. The mentor also provides professional mentoring to the resident **at least monthly**, a process that is separate from clinical supervision and is designed with an eye toward the resident's progress through the residency program and development of their professional identity. Career guidance, role modeling, and psychosocial support are a focus of the mentoring relationship. If there is a specific career goal that other psychologists on staff might be particularly expert at addressing, mentors will also facilitate connection between the resident and other expert(s) – in addition to their ongoing role as Mentor.
- **Supervision** – clinical supervision in one of the primary vehicles of training for the resident in this track. They will receive individual and group supervision where intervention, assessment, and interdisciplinary consultation techniques are discussed and evaluated. Modeling, review of tapes (audio and/or video), case discussions, and review of written work are among the methods that allow for evaluation of the resident. The resident receives a minimum of two hours of face-to-face individual supervision each week. The interprofessional track resident will work with other psychology trainees (e.g. predoctoral intern or extern/practicum students) getting experience in layered/tiered supervision under the guidance of licensed professionals.

Integrative Health and Healing (IHH) Rotation Goals (minimum requirements):

1. **Assessment/Diagnosis:** Acquire advanced knowledge and skills in the assessment and diagnosis of mental health in veterans. Demonstrate skill in clinical assessment and differential diagnosis, risk assessment, and triage. The knowledge base must include biopsychosocial assessment methods, their limitations, contextual factors, and diversity-related considerations. Demonstrate appropriate use of screening instruments, how to determine appropriateness for MBI treatment, and appropriate referrals to other disciplines. Show skill in written and verbal communication to providers across disciplines.
 - a. Conduct Mental Health Initial Assessments as needed.
 - b. Timely completion of Columbia Suicide Severity Rating Scales (C-SSRS) and Comprehensive Suicide Risk Evaluations (CSRE) for veterans, including tracking of expiration dates, and readministering the assessments, as needed.
 - c. Attendance at didactics related to assessment.
 - d. Fulfilling requirements related to assessment/diagnosis in elective rotations outside of IHH, including but not limited to: pretransplant evaluations, sleep assessment, SUD evaluations, and/or Pain assessment.
2. **Intervention:** Acquire advanced skills in psychotherapeutic interventions. Gain knowledge in mindfulness-based interventions (MBIs) including Mindfulness Based Stress Reduction, Mindful Self-Compassion, Mindfulness for Tinnitus, Mindful Movement, Yoga for Positive Mood, and weekly mindfulness sitting groups (Mindful Living). Learn how to facilitate a mindfulness practice. Adapt mindfulness-based psychotherapeutic interventions in different clinical care settings including but not limited to: acupuncture, pain, chronic illness, sleep, and SUD. Show skill in applying individual, group, and/or couples interventions using evidence-based treatments.
 - a. Lead between 5-6 MBI groups per week.
 - b. Per elective rotation, meet minimum requirement for number of Veterans seen each week.
 - c. Lead brief mindfulness practice 4-5 times during Integrative Health (IH) seminar
 - d. Participate in elective IHH or Comprehensive and Integrative Health (CIH) groups including but not limited to: Trauma informed Yoga, Introduction to Mindfulness, Women's Mindfulness for Stress Management group, and Expressive Arts group.
 - e. Attend didactics focused on evidence-based treatments.
3. **Interdisciplinary Consultation:** Acquire independence in interdisciplinary consultation in medical and mental health settings. Gain knowledge in prevention and health promotion, contexts/settings of consultation, and roles of interdisciplinary teams. Gain skills in providing consultation, working in teams, communicating effectively, and negotiating multiple roles.
 - a. Serve as the supervisor for social work interns placed in IHH.
 - b. Participate in weekly interdisciplinary Integrative Health seminar with IHH staff that brings in speakers from across the GLA to discuss interprofessional collaboration and consultation.
 - c. Participate in interdisciplinary team meetings and case conferences in settings across the medical center.
 - d. Discussion of teamwork in supervision.
 - e. Consults about the integration of MBIs across mental health-related services across the GLA.

4. **Supervision and Teaching:** Gain skills in providing supervision, including assessing trainee needs and defining clear learning goals and objectives.
 - a. Provide layered supervision to social work interns for 1 or 2 individual psychotherapy treatments for the entire course of the social work intern training year. Show supervisory competence regarding initial assessment, triage, intervention, referrals, note-writing, and termination.
 - b. Participate in Supervision didactic series.
5. **Scholarly Inquiry:** Acquire general knowledge in Integrative, Interprofessional, and Mindfulness-based mental health treatment. Increase knowledge base with regard to specific elective rotations. Expand knowledge within the field of mental health.
 - a. Attend all required Postdoctoral Residency didactics.
 - b. Attend weekly IH seminar. Present once at IH seminar on topic of choice. Assist social work interns in preparation for their required presentation.
 - c. Attend required elective didactics.
 - d. Participate in VA CALM National Training.
 - e. Attend 3 GLA sponsored CE workshops-- to the degree possible.
 - f. Incorporation of scientific knowledge into all clinical activities.
6. **Administrative and Organizational Practices:** Gain skills in administrative and organizational needs, including policies and procedures for service delivery models.
 - a. Responsible for populating MBI groups, the maintenance of Excel spreadsheets, follow up phone calls to veterans, and consult-to -appointment management.
 - b. Observation of supervisors in organization/management and administrative duties
 - c. Successful coordination of mental health care needs of all assigned patients as well as the assigned patients of their supervisees.
7. **Ethical and legal issues; Professional Values:** Apply ethical and legal standards to all aspects of clinical practice. Advocate for patients. Practice self-reflection. Learning the ethical considerations pertaining to mindfulness practice.
 - a. Inclusion of legal/ethical considerations in mental health case conceptualization and treatment plans
 - b. Attention to medical record documentation and outside reporting requirements
 - c. Advocate for patient's needs
 - d. Self-reflection in supervision
 - e. Evaluate and address knowledge and skill gaps over the course of the training year
 - f. Participate in didactics about the Buddhist underpinnings of mindfulness practice.
8. **Multi-cultural Sensitivity and Diversity, Equity, and Inclusion:** Address cultural diversity as it pertains to implicit bias and discomfort with mindfulness practice by marginalized groups. Familiar with writings/teachings/podcasts by mindfulness teachers from the non-dominant culture. Demonstrate awareness of aspects of diversity that impact the self as provider and systems of care.
 - a. Inclusion of cultural, demographic, and psychosocial factors in case conceptualization, intervention, and treatment plans.
 - b. Attention to health disparities and patient values in assessment, interventions, and treatment plans.
 - c. Awareness of Implicit Bias as provider.
 - d. Readings by Mindfulness Teachers from non-dominant cultural backgrounds.
 - e. Self-reflection of cultural factors as they arise in therapy and in supervision.

9. **Knowledge and application of the foundations of professional practice.** Specifically, knowledge of mindfulness, i.e. how to lead a practice, facilitate MBIs, integrate mindfulness practices into individual psychotherapy, and provide MBIs to professional groups. Knowledge and application of integrative and interprofessional skills.
 - a. Attendance at didactics
 - b. Discussion in supervision
 - c. Incorporation of foundational skills of mindfulness and integrative/interprofessional practice into all competency areas.

Interprofessional Integrative Health Track Faculty: (please see *Clinical Psychology Faculty* pages 29-34 for more detailed biosketch of these individuals).

1. *Greg Serpa, Ph.D.* – Co-Director, Interprofessional Integrative Health Program; Clinical Psychologist – MBSR and Health and Wellness Programs
2. *Jessica Dennis, Ph.D.* – Co-Director, Interprofessional Integrative Health Program; Clinical Psychologist
3. *Sue Steinberg-Oren, Ph.D.* - Interprofessional Integrative Health Program; Clinical Psychologist

<p>Substance Use Disorders & Co-Occurring Conditions – (one position open) (Please note this is a 1-year residency and IS OPEN for applications in 2023)</p>
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Overview of Track: A one-year, full-time, position is available for combined training in the ***Substance Use Disorders (SUD) Outpatient Programs***, and ***Domiciliary***.

The ***Substance Use Disorders (SUD) Outpatient Programs*** rotation offers a core training component in the continuum of care from initial assessment to brief intervention, intensive outpatient treatment, and an opioid treatment program. Veterans served vary in terms of treatment needs, readiness for change, and severity of SUD and co-occurring problems (i.e., PTSD, mood disorders, psychosis and chronic pain). Assessment, intervention, and consultation are delivered with a spirit of motivational interviewing and focus on patient centered goals that range from harm reduction to obtaining and sustaining abstinence from substance use. Trainees learn and practice cultural humility in working with veterans with SUDs at WLA, who are diverse in terms of race/ethnicity, age, military era, gender, sexual identity, socioeconomic status, religious affiliation, cognitive/physical functioning, and other factors.

Training in the SUD Outpatient Programs focuses on evidence-based approaches including motivational interviewing, CBT, DBT, Mindfulness, and ACT. Given the frequency of co-occurring problems, residents gain experience treating Veterans with PTSD, depression and anxiety disorders, psychosis, personality disorders and chronic pain. This rotation provides outstanding training opportunities in group psychotherapy that hone skills in delivering manualized interventions while attending to group process. The resident joins a diverse and dynamic interdisciplinary team of physicians, nurses, social workers, pharmacists, addiction therapists, peer supports and administrative staff as well as other trainees including psychology interns, physician residents and fellows, and social work trainees. Active team engagement and program development activities, including those related to diversity, equity, inclusion, and access, are encouraged.

The ***Domiciliary*** rotation provides excellent opportunities to train in provision of services for Veterans with SUDs and co-occurring problems in a residential setting. Trainees have opportunities to provide assessment, intervention and consultation for Veterans with SUDs using individual and group

approaches including treatment of co-occurring PTSD and other co-occurring problems. Specifically, there are opportunities to learn trauma focused treatments such as Cognitive Processing Therapy and Prolonged Exposure. The Dom is an incredibly rich training environment with vibrant interdisciplinary teams that can offer experiences tailored to individualized training goals.

Training Goals: At the end of residency, we expect our residents to demonstrate advanced competence in the following areas:

- Development of advanced skill in **Level 1 competencies** of Scholarly Inquiry; Ethical/Legal Issues; Professional Values and Cultural and Individual Diversity.
- Development of advanced skill in **Level 2 competencies** of Assessment/Diagnosis; Intervention; Interdisciplinary Consultation; Supervision & Teaching; Organization and Program Evaluation.

We expect our resident in this emphasis area to:

- develop advanced skills in the practice of culturally-informed psychological and behavioral interventions for adults with substance use disorders and co-occurring problems such as trauma, mood disorders, and severe mental illness
- develop advanced skill in the rapid assessment and triage of urgent appointments and the assessment of crisis/risk
- develop advanced understanding of the impact of substance use on mental and physical health, as well as the impact of inequities and stigma on the development and maintenance of substance use disorders
- develop a professional identity as a health service psychologist with specialized expertise in the assessment and treatment substance use disorders
- prepare for state or provincial licensure or certification for independent practice of psychology;
- prepare for requirements for board certification in Clinical Psychology and/or Counseling Psychology by the American Board of Professional Psychology

Teaching/Training Methods

- Didactics – the resident in this track is required to participate in the *Postdoctoral Seminar and Journal Club* (bi-monthly), *Evidence Based Psychotherapy Seminar* (monthly), and the *Diversity Seminar* (bi-monthly). Rotation specific didactics include participation in weekly didactics in the SUD clinics with MD trainees. See page 26 for description of program didactics.
- Mentorship – the SUD resident will receive mentorship, which is typically provided by their primary supervisor but can be provided by another staff member. This mentor aids the resident in evaluating their training needs and interests and developing an individualized training plan (ITP) based on those needs and the training program’s competency areas. The mentor also provides professional mentoring to the resident **at least monthly**, a process that is separate from clinical supervision and is designed with an eye toward the resident’s progress through the residency program and development of their professional identity. Career guidance, role modeling, and psychosocial support are a focus of the mentoring relationship. If there is a specific career goal that other psychologists on staff might be particularly expert at addressing, the mentor will facilitate the connection between the resident and other expert(s).
- Supervision – clinical supervision is one of the primary vehicles of training for the resident in this track. They will receive individual and group supervision where intervention, assessment, and

interdisciplinary consultation techniques are discussed and evaluated. Modeling, review of tapes (audio and/or video), case discussions, and review of written work are among the methods that allow for evaluation of the resident. The resident receives a minimum of two hours of face-to-face individual supervision each week. The interprofessional track resident will work with other psychology trainees (e.g. predoctoral intern or extern/practicum students) and gain experience in layered/tiered supervision under the guidance of licensed professionals.

SUD & Co-Occurring Track Faculty: (please see *Clinical Psychology Faculty*, starting on page 29 for more detailed biosketch of these individuals).

1. *Katherine Bailey, Ph.D.* – clinical psychologist in the SUD and Pain clinics
2. *Stephanie Cardoos, Ph.D.* – clinical psychologist in the SUD clinic
3. *Paul Perales, Psy.D.* – clinical psychologist in the SUD Program
4. *Jackie Spezze, Ph.D.* – clinical psychologist in the Domiciliary

Geropsychology Track (one position open)

(Please note that this is a **1-year residency** and IS OPEN for applications in 2023)

Overview of Track: This one-year, full-time, residency track provides residents with advanced training in Clinical Psychology with an emphasis in Geropsychology. Training in this track is comprised of required and elective experiences that develop advanced skills in consultation, treatment, and assessment in various inpatient and outpatient integrated health settings that primarily serve older adults. Residents who complete the program will satisfy requirements for board certification in Geropsychology that are consistent with the Pike's Peak model. In addition to didactics, there are 3 requirements: 1-completion of a 1 year MAJOR rotation at the Community Living Center (CLC; 2 days/week); 2- completion of three, 4-month MINOR rotations in other geriatric mental health settings (1-2 days/week); and 3- completion of an independent project. The goal of the one-year MAJOR rotation at the CLC is to foster the independence of the trainee. Over the course of the year the trainee will manage a panel of patients and serve as the mental health consultant for the medical team regarding these patients. More details about the patients and clinical activities available at the CLC are found below. The trainee will also complete a series of minor rotations (for 1-2 days/week). Trainees may select from any of the following placements for their minor rotations: The Acute Geriatrics Team (AGT- inpatient medical team), Home Based Primary Care (HBPC), the Geriatric Psychiatry Outpatient Program, the Memory & Neurobehavior Clinic, and the Palliative Care team. Finally, each trainee will seek out an independent project in the field of geropsychology. For example a past trainee developed a group to bolster brain health in cognitively healthy older adults. Other opportunities include assisting in administrative duties (such as clinic management) or research projects. Trainees will develop an independent project with a member of the Geropsychology staff serving as a mentor/supervisor.

Didactics: In addition to the didactic opportunities required for all Psychology Residents, there are 2 required didactics for the Geropsychology Resident. First, the Geropsychology staff holds monthly Journal Club meetings with all geropsychology trainees and postdocs. Second, Residents participate in a national virtual Geropsychology Fellowship series.

Major Rotation

Community Living Center (CLC)(Supervisors: Drs. Kevin Booker):

The Long-Term Care and Rehabilitation setting emphasizes clinical training in aging and mental health in an extended care setting (which is essentially a combination of semi-independent living, skilled nursing

care, and assisted living). This setting provides a full range of training experiences in psychotherapy, cognitive screening, consultation, behavioral management, and interdisciplinary teamwork. There are also opportunities to conduct “inpatient-sized” cognitive evaluations. While the focus is primarily on the treatment of older Veterans, there are also opportunities to work with younger patients who reside in the CLC for a variety of reasons, ranging from rehabilitation to palliative care. Common treatment themes in this setting include helping patients cope with increasing losses, pain management, family conflicts, and difficulties with caregivers. The CLC interprofessional setting trains students from a variety of mental health and medical disciplines, including Geropsychology, Geriatric Psychiatry, Geriatric Medicine, Pharmacy, Social Work, and Nursing. Residents will be given the responsibility of being in charge of a portion of the very facility (out of 150 beds and 2 buildings, there are 3 floors each divided into 2 units) and being the “go to” mental health professional for that area. There are also many opportunities to provide supervision to pre-interns and interns in this setting, as we offer multiple training programs simultaneously. The range of psychiatric presentations is wide and varied: including affective disorders, post-traumatic stress disorder, schizophrenia, personality disorders, dementia, and delirium, among many others. Training opportunities emphasize individual psychotherapy, with availability of family and couples psychotherapy experience, psychiatric interviewing, mental status exams, group psychotherapy, and staff consultation. Individual psychotherapy is primarily from a short-term model, and utilizes psychodynamic, behavioral, and problem-solving modalities. There is also a strong focus on trauma treatment. Residents are frequently asked to provide consultation directly to nursing staff, which may include psychoeducation. Because many older Veterans have co-morbid medical and social disabilities, a broad biopsychosocial approach to care is used in this setting. Embedded within your experience will be understanding how Medicare/CMS interfaces directly with managed care for older adults, and you will learn how to function independently and to have the knowledge of working directly in VA- and non-VA settings to bill Medicare for the work you provide; this includes understanding CPT codes, diagnostic/procedure codes, and CMS-1500 forms and how those link directly to clinical service provision.

Minor Rotation (select 2-3)

Acute Geriatric Team (AGT)(Supervisor: **Stacy S Wilkins PhD ABPP/CN**): AGT is linked with the UCLA Geriatric Medicine Fellowship, one of the top rated geriatric training sites in the country. Please see their website for additional information at <http://www.geronet.med.ucla.edu/education>. The AGT Acute Medicine Team allows the resident to work with acutely ill Veteran’s and their families, addressing cognitive and mood concerns related to aging and medical illness. AGT oversees 16 inpatient beds for medically ill older adult (over 70 years of age) Veterans, located in the main hospital (Building 500). Residents are part of the interdisciplinary treatment team, which includes physicians, social workers, occupational therapists, physical therapists, dietitians, optometrists, pharmacists and nurses. Residents work with and co-supervise the psychology intern on the rotation and are responsible for reviewing the medical charts of AGT patients to detect risk factors for cognitive, psychological and functional decline. As needed, assessment of patients is conducted for medical decisional capacity, ability to live independently, delirium, dementia and other cognitive concerns. The resident also assesses for mood disorders, provides short-term supportive therapy or psychoeducation and participates in family consultation and discharge planning. Because the AGT strives to discharge patients safely and efficiently, the pace is fast and there is a strong emphasis on team communication and collaboration. The resident may also supervise an intern and co-facilitate one of two groups aimed at promoting cognition: one for healthy older adults (Brain Training), or one for Veterans with Mild Cognitive Impairment/mild dementia (Memory Group). The Brain Training group is a psychoeducational program for older adults aimed at enhancing healthy brain functioning as they age. Group sessions focus on teaching participants about factors that can impact cognition, including the normal aging processes,

nutrition, exercise, stress and depression. Veterans are taught mnemonic strategies and compensatory techniques to enhance their memory in daily life. The Memory Group follows a similar format, but is geared towards older adults who have been diagnosed with a Neurocognitive disorder.

Home-Based Primary Care (HBPC) (Supervisor: TBD): The HBPC Psychologist works with a large interdisciplinary primary care team that includes a physician, nurse practitioner, registered nurse, pharmacist, occupational therapist, dietician, social worker and trainees from multiple disciplines. HBPC staff provide comprehensive primary care services to Veterans in their homes. The Veterans served by HBPC are older adults who have complex, chronic medical problems, many of whom have cognitive disorders and/or significant psychiatric disability. Psychologist responsibilities include psychiatric and cognitive assessments, including assessments of capacity for medical decision-making; psychotherapeutic interventions with patients, family members, and assisted living facility staff; staff/team consultation; and team development. Presenting problems are varied and include depression and anxiety, coping with chronic illness, motivation/adherence issues, caregiver stress, and behavioral problems associated with cognitive disorders. The Resident will accompany the supervisor in a government car to the Veteran's home to conduct assessments and interventions, or provide care via telehealth modalities. Supervision is done within a developmental model, such that trainees are given increasing responsibility as their competency develops. The Resident will receive orientation and training on how to manage emergency situations and related HBPC policies and procedures.

Geriatric Psychiatry Outpatient Program (Supervisor: Dr. Paul Cernin): The Geropsychology rotation emphasizes clinical training in aging and mental health. This rotation provides a full range of training experiences in psychiatric outpatient care for older adults. One of the primary training sites in this rotation is the Geropsychiatry Outpatient Clinic. This clinic provides longitudinal care for approximately 350 older Veterans. This interdisciplinary setting trains students from a variety of mental health and medical disciplines, including Geropsychology, Geriatric Psychiatry, Geriatric Medicine, and Social Work. Training occurs in a highly cohesive and collaborative atmosphere from subspecialty trained attending faculty. The primary supervisors on this rotation have received postdoctoral training in geriatrics and neuropsychology. Residents have the opportunity to evaluate Veterans who have a variety of mental health disorders, including depression, anxiety, bipolar disorder, schizophrenia and neurocognitive disorders. Interns will learn about recently developed treatments for psychiatric illness and cognitive decline, including pharmacotherapies, psychotherapies and caregiver support. Evaluations are comprised of comprehensive psychiatric interviews, psychological assessment and neuropsychological assessment. Because many older Veterans have co-morbid medical and social disabilities, a broad biopsychosocial approach to care is used in these settings. The majority of the attending (supervisory)-level geriatric psychiatry staff participate in clinical research and have academic appointments at UCLA.

Memory & Neurobehavior Clinic (Supervisors: Drs. Megan Johnson and Rebecca Melrose): This is a full-day, outpatient, multidisciplinary clinic held weekly on Fridays consisting of neurobehavior, gero/neuropsychology, geriatric psychiatry, social work, and nursing disciplines. Clinical training opportunities available in this rotation include capacity assessments (financial capacity, independent living, assignment of DPOA for healthcare), flexible cognitive assessments, and joint patient encounters with rotating medicine Fellows and Residents. Opportunities to provide cognitive rehabilitation on an individual or group level may also be available depending on interest/clinic need. Likewise, there may be opportunities to provide psychoeducation or psychotherapy to patients and/or caregivers. Case conference is held each Friday from 3-4:30pm during which individual cases are presented and discussed with the various disciplines contributing to the clinical conceptualization.

Palliative Care (Supervisor: Dr. Taylor-Ford): The resident will have an opportunity to participate in various activities with the interdisciplinary palliative care team. The team includes attending physicians, chaplains, medicine fellows, medical residents, nurse case managers, and social workers working together to care for veterans with chronic, life-limiting medical conditions. The resident will have the opportunity to work with veterans at the end of their lives on both the inpatient outpatient services. Opportunities for training include attending daily rounds, conducting initial psychological assessments with patients, providing individual psychological interventions for patients and families at bedside, in an outpatient clinic, and/or via telehealth, and attending team and family meetings for goals of care and treatment decision meetings. Palliative care educational offerings including didactics are also available to clinical psychology residents.

Independent Project: There is considerable flexibility in the independent project. Below are just a few examples of ongoing activities the trainee may select to participate in.

Ongoing research: Dr. Melrose is currently involved in research projects investigating neuroimaging correlates of dementia and Mild Cognitive Impairment. Drs. Wilkins and Melrose are exploring the mental health benefits of Gerofit, an exercise program for older adults. Dr. Yarns, a geriatric psychiatrist in the department, is investigating psychotherapeutic approaches to chronic pain on older adults, via in person and video-telehealth technologies. He is also participating in clinical trials addressing treatment resistant depression in older adults, and agitation in patients with Alzheimer's Disease. Trainees may also formulate a research question that can be answered via chart review of clinic patients.

Program development: The trainee is welcome to work with a mentor in any of the settings described above to develop new programming that addresses a gap in the mental health needs of older adults. For example, one Fellow developed a new group aimed at promoting healthy brain aging in older adults. Another created a psychoeducation handout on dementia for caregivers in collaboration with the Dementia Committee.

Administrative work: Trainees may participate in administrative experiences, such as managing a clinic, developing trainings for current staff, or assisting in identification of systems level needs. Dr. Osato directs the Geropsychiatry Outpatient Program, the largest outpatient program in Geriatric MH at WLA. Dr. Melrose is the Section Chief of Geriatric Mental Health for all of GLA. All supervisors in Geropsychology oversee their own clinic management and collaborate in interdisciplinary settings with vast administrative duties. In addition, supervisors are heavily involved (and in many cases leaders of) mental health/aging committees (e.g. Dementia Committee, Diversity Committee, Disruptive Behavior Committee, Professional Standards Board, Psychology Staff Education).

Geropsychology Rotation Goals (minimum requirements): Note, Pike's Peak Geropsychology competencies are incorporated into our Training Program competency requirements

1. Assessment/Diagnosis: Acquire advanced knowledge and skills in the assessment and diagnosis of mental health in older adults. The knowledge base must include geropsychology assessment methods, their limitations, and contextual factors. Demonstrate skill in clinical assessment and differential diagnosis, cognitive assessments, capacity, and risk assessment. Demonstrate appropriate use of screening instruments and when to refer to other disciplines. Show skill in written and verbal communication to all stakeholders.
 - a. Complete a minimum of 40 psychological or neurocognitive assessments across multiple care settings. Include risk assessments appropriate to the clinical needs of the patient.
 - b. Complete a minimum of 5 capacity assessments
 - c. Attendance at didactics

2. Intervention: Acquire advanced skills in psychotherapeutic interventions. Gain knowledge in adapting psychotherapeutic interventions for older adults; health, illness, and pharmacology; adaption of interventions for different care settings, and knowledge of aging services. Show skill in applying individual, group, and/or family interventions to older adults, using evidence-based treatments, adapting interventions for late life, and using health-enhancing interventions.
 - a. Lead at least one group for older adults
 - b. Follow a minimum of 5 patients for individual psychotherapy
 - c. Provide both inpatient and outpatient psychotherapy
 - d. Develop and lead a psychoeducational group of your choosing at the CLC
 - e. Incorporate appropriate aging services into treatment planning
 - f. Attend didactics focused on aging, medical illness, and pharmacotherapy
3. Interdisciplinary Consultation: Acquire independence in interdisciplinary consultation in geriatric medical and mental health settings. Gain knowledge in prevention and health promotion, contexts/settings of consultation, and roles of interdisciplinary teams. Gain skills in providing consultation, working in teams, communicating effectively, and negotiating multiple roles.
 - a. Serve as the primary mental health consult for a panel of patients at the CLC
 - b. Participate in interdisciplinary team meetings and case conferences in settings across the medical center
 - c. Discussion of teamwork in supervision
 - d. Completion of independent project
4. Supervision and Teaching: Gain skills in providing supervision, including assessing trainee needs and defining clear learning goals and objectives
 - a. Provide layered supervision to psychology pre-intern or interns regarding assessment, intervention, and interdisciplinary consultation
 - b. Participate in Supervision didactic series
5. Scholarly Inquiry: Consistent with Pike's Peak Competencies areas, acquire general knowledge in adult development, aging, & the older adult population
 - a. Attend didactics, including geropsychology specific didactics. Present at Geropsychology Journal club
 - b. Completion of independent project in geropsychology
 - c. Incorporation of scientific knowledge into all clinical activities
6. Administrative and Organizational Practices: Gain skills in administrative and organizational needs, including policies and procedures for service delivery models.
 - a. Completion of independent project
 - b. Observation of supervisors/mentors in organization/management and administrative duties
 - c. Successful coordination of mental health care needs of all assigned patients
7. Ethical and legal issues; Professional Values: Apply ethical and legal standards to all aspects of clinical practice. Advocate for patients. Practice self-reflection.
 - a. Inclusion of legal/ethical considerations in geriatric mental health case conceptualization and treatment plans
 - b. Attention to medical record documentation and outside reporting requirements
 - c. Advocate for patient's needs
 - d. Self-reflection in supervision
 - e. Evaluate and address knowledge and skill gaps over the course of the training year

8. Cultural and Individual Diversity: Address cultural and individual diversity with older adults and families. Demonstrate awareness of aspects of diversity that impact the self as provider and systems of care.
 - a. Inclusion of cultural, demographic, and psychosocial factors in case conceptualization, intervention, and treatment plans
 - b. Attention to health disparities and patient values in assessment, interventions, and treatment plans
 - c. Readings in supervision
 - d. Self-reflection in supervision
9. Knowledge and application of the foundations of professional geropsychology practice. Specifically, knowledge of the neuroscience of aging, functional changes in aging, person-environment interaction and adaption, psychopathology, medical illness, and end of life issues
 - a. Attendance at didactics
 - b. Discussion in supervision
 - c. Incorporation of foundational skills in geropsychology into all competency areas

PROGRAM STRUCTURE

At the outset of each training year, residents will work closely with their primary supervisor and with the Director of Postdoctoral Training (Dr. Castellon) to design an Individualized Training Plan (ITP) that incorporates the resident's training goals and interests with their incoming experience and prior training background and with the program's Aims and Mission. Primary supervisors are licensed clinical psychologists (all are California licensed) and are experts in the content area on the training track where they supervise. Individualized programs are developed in collaboration with the resident to increase experience in and mastery of the core competencies in generalist skills and within the various area of emphasis. At entry to the residency, supervisors and residents together determine the level of the resident's competency in areas including assessment, intervention, and consultation; self-rating forms are employed and discussed. Our program employs a developmental approach to training and to supervision, where residents gain increasing independence and responsibility as their knowledge and skills develop. This is based on the initial baseline assessment and ongoing formal and informal assessment of skills and abilities. Residents are evaluated formally, on their work towards development of competencies and also asked to formally evaluate their supervisors and their training experiences. With this approach, there is flexibility to address areas that require more intensive training and also to identify and modify the resident's learning objectives if needed. At the beginning of the year, all track supervisors (primary and delegated) work jointly with residents to model and observe assessment and intervention skills. Residents function at an increasingly higher level of independence as their skills and their experience progress during the year. Supervision of predoctoral interns as well as of practicum students is an important part of the developmental process and a core competency skill during the training year(s).

RESEARCH/PROGRAM EVALUATION

Our clinical psychology residency program is based on the scientist-practitioner model and stresses the contribution of research to clinical practice. Most clinical rotations include experience with provision of evidence-based treatments and/or assessment best-practices. Residents are encouraged to participate in a clinical research (or Quality Improvement) project during the year consistent with their research interests. Between 10 and 20% of a resident's time can be approved for such a project, which may include program evaluation studies. Recently, a position has been added to our GLA Psychology Department to specifically help develop clinical research opportunities for trainees (at the postdoc and internship level) that may be interested in getting involved in ongoing, funded research. During both

recruitment and early in the training year, Dr. Susan Rosenbluth, Director of Psychology Research Training speaks with applicants/incoming residents to assess whether there might be projects of interest that she can facilitate connecting the resident to.

Residents are encouraged to avail themselves of opportunities to develop research interests with the help of faculty mentors with funded projects, and by participating in mental health grand rounds and research seminars along with UCLA psychiatry residents. At GLA there is a lively Research Service with more than 225 investigators conducting over 540 research projects in all areas of medicine and mental health, and numerous VA and NIH funded Clinical Research Centers, for example, the VA Geriatric Research, Education and Clinical Center (GRECC), VISN 22 Mental Illness Research, Education and Clinical Center (MIRECC), and the Parkinson's Disease Research, Education and Clinical Center (PADRECC).

TIME COMMITMENT

Residents will be expected to spend 40-44 hours per week in training activities, including a minimum of 75% time on site.

SUPERVISION and MENTORSHIP

Training in specific content areas is accomplished using a combination of methods including experiential learning, direct observation by supervisor, audio and/or videotaping of sessions, clinical supervision, didactics and other educational activities, and focused readings. All residents will be assigned a primary supervisor who will also serve as a mentor for them during their training tenure. All residents *receive a minimum of 4 hours of supervision weekly, at least 2 of which will be individual, face-to-face clinical supervision.*

Mentorship is formally provided in addition to and separate from clinical supervision. Mentoring to the resident takes place during protected times **at least monthly** and is a process that is separate from clinical supervision and is designed with an eye toward the resident's progress through the program and development of their professional identity. Career guidance, role modeling, and psychosocial support are a focus of the mentoring relationship. If there is a specific career goal that other psychologists on staff might be particularly expert at addressing, mentors will also facilitate connection between the resident and other expert(s) – in addition to their ongoing role as Mentor.

FACILITY AND TRAINING RESOURCES

Residents will be provided office space and computers necessary for patient care and administrative responsibilities. During the Covid-19 pandemic, we have procured VA laptops to facilitate smoother transition to telework. Residents will have full access to VA Medical Library services, the UCLA Biomedical Library, as well as VA Intranet and internet resources for clinical and research work. We have a comprehensive Psychology Assessment Lab, which includes a wide variety of psychological assessment instruments and scoring programs. There are 2 staff available for administrative support.

ADMINISTRATIVE POLICIES AND PROCEDURES

Due Process – Procedures for due process and grievance are in place for any instances of problematic performance and are available upon request.

Privacy policy: we will collect no personal information about you when you visit our website.

Self-Disclosure: We do not require residents to disclose personal information to the program administrators or clinical supervisors, except in cases where personal issues may be adversely affecting the resident's performance and such information is necessary to address any difficulties.

EVALUATION

The Training Program strongly promotes consistent and ongoing feedback between resident, supervisor, and the Training Committee.

The Postdoctoral Training Program will evaluate its effectiveness for meeting training goals and objectives through the following means:

- Supervisors' formal evaluations of the resident's performance in core competency areas. Both the resident and the supervisor sign evaluations. Evaluations minimum every six months.
- Residents' formal evaluations of their clinical supervisors. Residents provide written and verbal feedback to all of their clinical supervisors.
- Regular communication between the Director of Training and supervisors to discuss the residents' performance and progress
- Mid-term Interview with the Residency Director of Training
- Exit interview with the Residency Director of Training
- Residents' representation at Training Committee Meetings
- Seminar time set aside monthly for Director of Training and residents to discuss program issues
- End of year survey of experiences and quality of training, along with recommendations for program improvement.
- One year post-residency program survey to assess program satisfaction, achievements, scholarly activities, licensure status and employment
- Regular programmatic review by the Training Committee
- Representation by the Department Chair and the Director of Training at the Graduate Medical Education Committee (GMEC). The GMEC provides oversight, advisement on graduate medical education and associated health programs sponsored by GLA; governs grievance procedures.

TRAINING OUTLINES FOR RECENT CLINICAL PSYCHOLOGY RESIDENTS

TRAINING OUTLINE for Health Resident: 2019-20

	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	ARU	Pain Clinic	HPDP	PCMHI	Pain Clinic
12:30-4:30	MOVE Group Seminars	PCMHI Seminars	HPDP/Palliative Care case	PCMHI	Pain Clinic

TRAINING OUTLINE for Trauma Resident: 2020-2021

	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	TRS/Women's Clinic	TRS/Women's Clinic	SUD Clinic (elective)	TRS/Women's Clinic	SUD Clinic (elective)

12:30-4:30	Seminars	Seminars	Sleep Clinic (elective)	TRS/Women's Clinic	TRS/Women's Clinic
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TRAINING OUTLINE for Interprofessional Resident: 2019-2020

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	MBSR/MS	MBSR or Electives	IMHC or PCMHI or HPACT or MHC	PCMHI or WC or PC or MHC	IMHC or MHC
12:30-4:30	MBSR/MS Seminars	IMHC or ID Seminars	IMHC or PCMHI or HPACT or MHC	PCMHI or WC or PC or MHC	IC or MHC

TRAINING OUTLINE for H-PACT Resident: 2020-2021

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	SUD Clinics	HPACT	DOM	HPACT	SUD Clinic
12:30 -4:30	SUD Clinics SEMINAR	SUD Clinic SEMINARS	DOM	HPACT	SUD Clinic

DIDACTICS/SEMINARS

Didactics include seminars held bi-weekly (Diversity Seminar, Postdoc Seminar/Supervision Seminar) or monthly (Evidence-based Psychotherapy Lecture Series). In addition to these core didactic experiences, residents often will avail themselves of many other optional educational opportunities. A sampling of these include, weekly Mental Health Grand Rounds, weekly Neurobehavior Seminars, occasional UCLA Department of Psychology workshops, VA-sponsored trainings, other departmental rounds and conferences, UCLA Grand Rounds, UCLA Neuroscience seminars, and licensure seminars. Attendance at optional educational activities is at the discretion of the training staff and the resident's mentor.

Diversity Seminar, led by Drs. Anjuli Amin and Joy Lin, meets twice a month and is designed with a purpose of increasing the residents' cultural competence by examining the dimensions of the cultural self and others. This understanding is used to inform clinical interpretations, treatment goals, and relationships with patients. Case discussions, didactic presentations, listening to podcasts, experiential practice are used to achieve these objectives. Guest lecturers are invited to speak on such topics as the gay and lesbian community, the transgender community, physical disability, aging, the immigrant experience, ethno-pharmacology, cultural issues in psychological assessment, and other areas of interest as identified by the internship and residency class.

Supervision Seminar led by Drs. Sue Steinberg and Joy Lin, meets for six weeks, and uses didactics, role-play, case presentations, and discussion to help residents develop competency in clinical supervision. Topics such as APA Guidelines re: Supervision, Getting Started in Supervision, Developing Alliance and Dealing with Ruptures, Diversity Considerations in Effective Supervision, and Challenging Issues in Clinical Supervision.

Postdoc Seminar and Journal Club, led by Dr. Steven Castellon, meets twice a month and features guest speakers on topics related to professional development (e.g. getting a VA job, establishing a private

practice, preparing for licensure, importance of self-care etc) as well as set-aside time for discussion of administrative and programmatic demands. This seminar also features a resident-led Journal Club – with presentations led by residents centered on clinical, scholarly, and professional issues of importance to all residents.

The Evidence-Based Psychotherapy Seminar, facilitated by Dr. Castellon, meets monthly and features a variety of guest speakers discussing state-of-the-art evidence-based interventions relevant to the VA setting. The seminar includes presentations on interventions such as Acceptance and Commitment Therapy, CBT for Psychosis, CBT for Pain, Cognitive Processing Therapy, Prolonged Exposure, Dialectical Behavior Therapy, and Motivational Interviewing. The seminar format includes both formal didactics and group discussion.

In addition to the required and optional seminars listed above, the following training activities are available to all residents:

- Access to training activities offered to interns and practicum students
- Weekly neurosciences lectures at the Semel Institute for Neuroscience & Human Behavior at UCLA that emphasize theoretical and conceptual issues
- Weekly VA Neurobehavior seminars presenting research and clinical data on neurobehavioral syndromes and cases highlighting unusual disorders
- VA Memory Disorder and Neurobehavioral Clinics in which case presentations are discussed by neurologists, neuropsychologists, and psychiatrists
- Clinical pathology (i.e., brain cutting) conferences
- Weekly UCLA Grand Rounds
- Weekly Pain Clinic lecture series
- GRECC lectures, seminars and workshops
- MIRECC lectures, seminars and workshops
- Psychology Department-sponsored continuing education workshops (3 offered each year) on special topics of interest including law and ethics, supervision, diversity, PTSD, psychopharmacology, assessment, psychopathology and contemporary treatments
- VA-sponsored workshops and courses in such topics as rehabilitation, bioethics and Palliative Care

Requirements for Completion

To maintain good standing and complete the postdoctoral residency program, residents are expected to:

1. Fully abide by the APA Ethical Principles and Code of Conduct as well as all VA policies, rules and regulations.
2. Obtain an average rating of "Progressing Well" in each of the six core competency areas, with no serious ethical violations or transgressions identified.
3. Meet all administrative requirements.
4. Complete 2080 hours of supervised professional experience (SPE), to be completed in one year of full-time training.
5. Achieve satisfactory performance in all clinical competency areas and at the completion of the fellowship term (final rotation rating), the Fellow has received ratings of "Competent" (which is

anchored as “performing at level of entry-level psychologist, no supervision needed, knows when to consult”), in all competency areas.

Additionally, we expect all residents to be “progressing well” (mid-term) and then to be rated fully “competent” (final rating) on the following competencies listed below.

Intervention. Developed/ing advanced skills in psychological interventions, including conceptualization within at least two specific theoretical orientations, knowledge and application of evidence-based treatments, development of skills in individual and group modalities, and appropriate therapeutic interpersonal qualities (e.g. appropriate empathy, ability to attend to process and content of interpersonal interactions).

Assessment/Diagnosis. Developed/ing advanced, independent skills in assessment, including differential diagnosis, case conceptualization, interviewing skills, test administration, scoring, interpretation, and the integration of assessment findings into a report. Developed/ing an strong ability to communicate testing results to patients and to the team members with whom they work. Aware of issues related to theories of assessment, ethical issues in assessment, and the impact of ethnicity/culture.

Interdisciplinary Consultation. Functions/ing effectively and cooperatively with interprofessional team members, provide consultation, and contribute to team planning. Forms/ing collaborative professional relationships with other disciplines within a team and provide constructive consultation to both psychologists and non-psychologist colleagues. Residents will learn to provide constructive consultation to other psychology colleagues.

Scholarly Inquiry. Developed/ing an advanced level of knowledge of evidenced-based practices, the ability to review and to apply research literature to their clinical practice, and continued development of critical thinking skills, and implementation of a research project (or Quality Improvement or Program Evaluation) during the residency year. Residents will be able to determine when problems are not fully addressed by empirically supported treatments

Ethical and legal issues; Professional Values. Residents will attain advanced knowledge of, and professional conduct in line with, APA ethical guidelines and California laws. Residents will be able to recognize ethical dilemmas when they arise and take appropriate measures to resolve them. Residents will demonstrate knowledge and awareness of legal issues pertaining to the practice of professional psychology. Residents will show good professional judgement and will demonstrate professional conduct consistent with the identity of a professional psychologist.

Cultural and Individual Diversity. Residents will develop an advanced level of knowledge, awareness, and sensitivity to individual and cultural differences as they apply to assessment, intervention, research, supervision, and the health care system. Residents will demonstrate awareness of and act in accordance with APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists.

Supervision and Teaching. Residents are expected to develop entry-level skills in providing supervision to other psychology trainees, in a “layered” supervision context. Residents will be able to identify the needs of students/interns they supervise and provide developmentally appropriate feedback to supervisees. Residents will demonstrate the ability to effectively teach colleagues and trainees in areas of expertise.

Clinical Psychology Postdoctoral Training Faculty

Core Supervisors:

Bailey, Katherine Ph.D.

Doctoral Program: University of Illinois at Chicago, 2010

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: San Francisco VA Medical Center

Emphasis Track: Health/Integrative Health (Pain Clinic, Infectious Disease Clinic); Substance Use Disorder Clinic
Clinical Interests: Health psychology, substance abuse, anxiety disorders, evidence-based behavioral practice

Research Interests: Health behavior change, health disparities, dissemination, and training

Booker, Kevin, Ph.D.

Doctoral Program: University of California, Santa Barbara (Clinical), 1999

Predoctoral Internship: Howard University, School of Medicine 1998-99

Postdoctoral Fellowship: UCLA School of Medicine, Department of Adult Psychiatry, 1999-2001

Emphasis Track: Geropsychology; Community Living Center (CLC)

Clinical Interests: PTSD over the lifespan; Exposure to violence and mood/anxiety disorders; Trauma- focused cognitive behavioral and experiential/humanistic treatments; The role of meaning in mitigating against co-morbid mood disturbance in patients with PTSD

Boxer, Laurie, Ph.D.

Doctoral Program: Syracuse University (Clinical), 1991

Predoctoral Internship: West Los Angeles VA Medical Center, 1990-1991

Emphasis Track: Trauma (POST program)

Clinical Interests: Assessment and Treatment of PTSD, Dialectical Behavior Therapy, Psychotherapeutic Interventions for Bipolar Disorder

Research Interests: Impact of the therapeutic alliance in potentiating efficacy of evidence-based psychotherapy; Effectiveness of DBT skills training on PTSD symptoms and tension reduction behaviors

Cardoos, Stephanie, Ph.D. – (Director, Predoctoral Internship Program)

Doctoral Program: University of California, Berkeley (Clinical), 2015

Predoctoral Internship: San Francisco VA Health Care System, 2014-2015

Postdoctoral Fellowship: Substance Use and Co-occurring Disorders Treatment, San Francisco VA Health Care System, 2015-2016

Training Track/Role: Substance Use Disorders

Clinical Interests: Assessment and treatment of substance use and co-occurring disorders; motivational interviewing; equity and antiracism in SUD treatment

Research Interests: Treatment of co-occurring chronic pain and substance use disorders; mechanisms of health behavior throughout the lifespan; motivational interviewing training for providers; health disparities and health equity

Castellon, Steven A., Ph.D. – (Director, Postdoctoral Residency Program)

Doctoral Program: University of California, Los Angeles (Clinical), 1997

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA Neuropsychiatric Institute

Academic Affiliation: Associate Clinical Professor and Research Psychologist, Department of Psychiatry & Biobehavioral Sciences; David Geffen School of Medicine at UCLA

Track: Polytrauma Psychology, Health/Integrated Care (Psychology Assessment Lab)

Clinical Interests: Neuropsychological assessment, psychological assessment

Research Interests: Cognitive effects of cancer and cancer treatments, neuropsychiatric aspects of HIV/AIDS, cognitive and psychiatric consequences of Hepatitis C and its treatment

Cernin, Paul, Ph.D.

Doctoral Program: Wayne State University, 2008

Predoctoral Internship: St. Louis VAMC

Academic Affiliation: Assistant Clinical Professor, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Postdoctoral Fellowship: Neuropsychology, UCLA Semel Institute, Geriatric Neuropsychology, 2008-2010

Track: Clinical Neuropsychology (Geriatric Neuropsychology)

Clinical Interests: older adults, LGBT aging

Research Interests: health disparities and urban elders, successful aging, breast cancer and cognition.

Chen, Suzie S., Ph.D.

Doctoral Program: Drexel University (Clinical), 2005

Predoctoral Internship: VA Sepulveda Ambulatory Care Center

Postdoctoral Fellowship: VA Long Beach Healthcare System (Rehab and Neuropsychology)

Track: Health Psychology/Interprofessional Integrative Health

Clinical Interests: Health Psychology, Behavioral Medicine, Rehabilitation Psychology, Sexuality & Intimacy, general psychological or cognitive assessment and treatment

Research Interests: Sexuality and Disability, Pain, Spinal Cord Injury, Caregiver Burden

Christie, Kysa Ph.D.

Doctoral Program: University of Southern California (Clinical Science), 2011

Predoctoral Internship: UCLA Semel Institute, Health and Behavior Track

Postdoctoral Fellowship: VA Palo Alto Healthcare System, (Palliative Care emphasis)

Track: Health Psychology/Interprofessional Integrative Health

Clinical Interests: Coping with acute and chronic illness, Hospice and Palliative Care, Consultation-Liaison Psychology, Couples Therapy

Research Interests: Coping with illness, Psycho-oncology

Culver, Najwa C., Ph.D.

Doctoral Program: UCLA (Clinical), 2013

Predoctoral Internship: VAGLAHS, Sepulveda Ambulatory Care Center

Postdoctoral Fellowship: VAGLAHS, West Los Angeles Medical Center

Track: CBT-SMI Clinic and Insomnia Clinic

Clinical Interests: CBT for Psychosis, ACT for Psychosis, PTSD, Anxiety Disorders, Mindfulness-Based Approaches, Couples Therapy, Behavioral Sleep Medicine

Research Interests: Improving effectiveness of evidence-based treatment for anxiety disorders; behavioral insomnia treatment in veterans with psychosis

Dennis, Jessica, Ph.D. - (Co-Director, Interprofessional Integrative Health Program)

Doctoral Program: Illinois Institute of Technology (Clinical), 2015

Predoctoral Internship: UC San Diego/VA San Diego Postdoctoral Residency Program (Behavioral Medicine Track)

Postdoctoral Fellowship: Greater Los Angeles Healthcare System, West Los Angeles VA Medical Center
Track: Interprofessional Integrative Health

Clinical Interests: Mindfulness and Mindfulness Based Stress Reduction, Integrative Health modalities, couples therapy, psycho-oncology, health psychology, transplant assessments

Research Interests: Mindfulness Based Interventions for veteran populations, Integrative Health

Grinberg, Austin, Ph.D., DBSM

Training Roles: Supervisor

Training Activities: Behavioral Sleep Medicine Clinic

Doctoral Program: University of Arizona (Clinical), 2017

Predoctoral Internship: University of California, San Diego/VA San Diego Healthcare System, 2016-2017

Postdoctoral Residency: Psychosomatic/Behavioral Medicine, University of California, San Diego/VA San Diego Healthcare System, 2017-2018

Areas of Interest: Behavioral Medicine, Psychology in Medical Setting, Chronic Pain, Psycho-Oncology, Behavioral Sleep Medicine

Certifications: VA Cognitive Behavioral Therapy for Insomnia (CBT-I) Provider, VA Co-located Collaborative Care (CCC) Provider, Diplomate of the Board of Behavioral Sleep Medicine

Harrell, Katherine, Ph.D.

Doctoral Program: Fuller Theological Seminary (Clinical), 2011

Predoctoral Internship: West Los Angeles VA Medical Center, 2011

Postdoctoral Fellowship: West Los Angeles VA Medical Center, 2011-2013

Track: Clinical Neuropsychology (V-CAMP program)

Clinical Interests: Neuropsychology; telehealth based care and tele-neuropsychology; geriatrics; dementia

Himmelfarb, Naomi, Ph.D.

Doctoral Program: University of Connecticut (Clinical), 1988

Predoctoral Internship: Los Angeles County-USC Medical Center

Academic Affiliation: Assistant Professor, Department of Psychiatry and Biobehavioral Sciences
David Geffen School of Medicine at UCLA

Track: Trauma, Health (Women's Health Program)

Clinical Interests: Trauma, PTSD, and military sexual assault

Research Interests: PTSD, sexual assault in women

Johnson, Megan, Ph.D.

Doctoral Program: Fuller Theological Seminary (Clinical), 2017

Predoctoral Internship: Los Angeles County Dept of Mental Health – Twin Towers Correctional Facility

Postdoctoral Fellowship: GRECC Special Fellowship in Advanced Geriatrics, 2017-2019 (West LA VA)

Track: SUD/Homeless Mental Health; H-PACT Program

Clinical Interests: Trauma, posttraumatic growth, moral injury, serious mental illness, psychological assessment, geriatrics, homeless mental health

Kay, Morgan A., Ph.D., ABPP

Doctoral Program: California School of Professional Psychology (Clinical), 2013

Predoctoral Internship: VA Western NY Healthcare System (Buffalo)

Postdoctoral Fellowship: West Los Angeles VA Medical Center (2014)

Board Certification: Clinical Health Psychology (2021)

Track: Health Psychology and Interprofessional Integrative Health

Clinical Interests: Health psychology, chronic pain management, insomnia treatment, interprofessional collaboration

Kelly, Monica, Ph.D., DBSM

Training Roles: Supervisor, Clinical Research Seminar Co-Facilitator

Training Activities: Behavioral Sleep Medicine Clinic

Doctoral Program: University of Arizona, Tucson (Clinical), 2018

Predoctoral Internship: VA San Diego Healthcare System, 2017-2018

Postdoctoral Fellowship: Geriatrics/Research, Geriatric Research, Education and Clinical Center (GRECC), VA Greater Los Angeles Healthcare System (VAGLAHS), 2018-2021

Academic Affiliations: Assistant Professor of Medicine, David Geffen School of Medicine, University of California, Los Angeles (UCLA); Research Health Scientist, VAGLAHS GRECC

Areas of Interest: Psychological Treatment of Insomnia, PTSD, Chronic Nightmares and Circadian Rhythm Sleep Disorders, Sleep Apnea, Geriatrics, Health Psychology, Motivational Interviewing

Certifications: Diplomate of the Board of Behavioral Sleep Medicine

Martin, Jennifer, Ph.D., FAASM, DBSM

Training Roles: Supervisor, Clinical Research Seminar Facilitator, Research Supervisor

Training Activities: Behavioral Sleep Medicine Clinic

Doctoral Program: SDSU/UCSD Joint Doctoral Program (Clinical), 2002

Predoctoral Internship: Brown University, 2001-2002

Postdoctoral Fellowship: Geriatrics, University of California, Los Angeles 2002-2003

Academic Affiliations: Professor of Medicine, David Geffen School of Medicine, University of California, Los Angeles; Faculty, UCLA Multicampus Program in Geriatrics and Gerontology; Faculty, VAGLAHS/UCLA Sleep Medicine Fellowship Program; VAGLAHS Geriatric Research, Education & Clinical Center; VA OMHSP Subject Matter Expert, Cognitive Behavioral Therapy for Insomnia

Areas of Interest: Psychological Treatment of Insomnia, Chronic Nightmares and Circadian Rhythm Sleep Disorders; Sleep Apnea, Geriatrics; Health Psychology; Motivational Interviewing; Women's Health, ACT

Certifications: Diplomate in Behavioral Sleep Medicine by the American Board of Behavioral Sleep Medicine; Fellow of the American Academy of Sleep Medicine; Diplomate of the Board of Behavioral Sleep Medicine

McGowan, Sarah Kate, Ph.D.

Doctoral Program: University of Illinois at Chicago (Clinical), 2014

Predoctoral Internship: Boston Consortium in Clinical Psychology

Postdoctoral Fellowship: UC San Diego/VA San Diego Postdoctoral Residency Program

Academic Affiliation: Associate Clinical Professor, Department of Psychiatry & Biobehavioral Sciences; David Geffen School of Medicine at UCLA

Track: Insomnia Clinic and PCMHI

Clinical Interests: Behavioral sleep medicine, acceptance-based approaches

Research Interests: Relationship between insomnia and anxiety; development and implementation of behavioral treatment for insomnia

Melrose, Rebecca, Ph.D.

Doctoral Program: Boston University, Boston (Clinical), 2007

Predoctoral Internship: West Los Angeles VA Medical Center, 2006-2007

Postdoctoral Fellowship: GRECC Special Fellowship in Advanced Geriatrics, 2007-2009 (West LA VA)

Academic Affiliation: Assistant Research Psychologist, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track/Rotation: Clinical Neuropsychology (Geriatric Medicine)

Clinical Interests: Neuropsychology

Research interests: Neuroimaging & neuropsychology of cognitive decline in aging

Active Research: Neuroimaging (task fMRI, resting state fMRI, DTI) of Mild Cognitive Impairment & Alzheimer's Disease

Okonek, Anna, Ph.D. – (Deputy Chief of Psychology Education)

Doctoral Program: University of California, Los Angeles (Clinical), 1992

Doctoral Internship: West Los Angeles VA Medical Center, 1989-1990

Postdoctoral Fellowship: Geropsychology/Neuropsychology, UCLA Neuropsychiatric Institute, 1991-1993

Academic Affiliation: Clinical Professor, UCLA Department of Psychology

Track: Polytrauma/TBI Rehab

Clinical Interests: Polytrauma/traumatic brain injury, neuropsychology, adjustment to disability, coping with acute and chronic medical illness

Research interests: Traumatic brain injury, blast injury

Osato, Sheryl, Ph.D.

Doctoral Program: University of Hawaii (Clinical), 1986

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute

Academic Affiliations: Clinical Professor, UCLA Department of Psychology; Adjunct Professor, Fuller Graduate School of Psychology

Track: Geropsychology-Neuropsychology

Clinical Interests: Neuropsychiatric aspects of aging, dementia, psychopathology and aging

Research Interests: Aging and neuropsychology, dementia

Robinson, Christina, Ph.D., ABPP

Doctoral Program: University of Houston (Clinical), 2011

Predoctoral Internship: West Los Angeles VA Medical Center, 2010-2011

Postdoctoral Fellowship: Health Psychology/Integrative Care, West Los Angeles VA Medical Center, 2011-2012

Track: Trauma; Trauma Recovery Service (TRS)

Clinical Interests: Trauma and co-occurring disorders, exposure therapy for anxiety disorders, medical/health psychology, psychological assessment

Certifications: Cognitive Processing Therapy

Saldaña, Kathryn Ph.D.

Doctoral Program: University of Colorado, Denver (Clinical Health Psychology), 2021

Predoctoral Internship: VA Long Beach Healthcare System

Postdoctoral Fellowship: VA Greater Los Angeles Healthcare System, Sepulveda Ambulatory Care Center

Track: PCMHI and Behavioral Sleep Medicine

Clinical Interests: Integrated primary care, women's mental health, behavioral sleep medicine

Research Interests: Perinatal mood disorders, ACT-based behavioral sleep medicine interventions

Serpa, J. Greg, Ph.D. - (Co-Director, Interprofessional Integrative Health Program)

Doctoral Program: California School of Professional Psychology, 2004

Predoctoral Internship: VA Greater Los Angeles Healthcare System, Sepulveda Ambulatory Care Center

Postdoctoral Fellowship: Harbor UCLA Medical Center

Clinical Interests: Mindfulness and Mindfulness Based Stress Reduction, Interprofessional training, Integrative Health modalities, Substance use disorders, HIV Mental Health, Yoga

Research Interests: Mindfulness and integrative Modalities of health, cortical neuroplasticity in veterans with TBI using mindfulness, cortical neuroplasticity in IBS using mindfulness

Spezze, Jaquelyn, Psy.D.

Doctoral Program: Pepperdine University (Clinical Psychology), 2015

Predoctoral Internship: VA Los Angeles Ambulatory Care Center

Postdoctoral Fellowship: Harbor-UCLA Medical Center, Behavioral Medicine/HIV Mental Health

Training Track(s): Trauma Psychology - Domiciliary Residential Rehabilitation and Treatment Program

Clinical Interests: Substance use disorders, posttraumatic stress disorder, behavioral medicine/health psychology, HIV mental health, LGBTQ

Research Interests: Substance use disorders, HIV mental health, well-being in individuals with chronic medical conditions

Steinberg-Oren, Susan., Ph.D. (Integrative Health and Healing Program/Whole Health)

Doctoral program: Clark University, 1989

Predoctoral Internship: Palo Alto VA Medical Center

Postdoctoral Fellowship: Harbor-UCLA Medical Center

Academic Affiliations: Clinical Associate Professor, Fuller Graduate School of Psychology (1990-2010)

Clinical Interests: Mindfulness and Mindful Self-Compassion, Women's Mental Health, Time-Limited Dynamic Psychotherapy, Diversity, Equity and Inclusion, Supervision

Research Interests: Impact of Alternative Therapies upon Well-Being, Trauma Sensitive Mindfulness

Taylor-Ford, Megan, Ph.D.

Doctoral Program: University of Southern California (Clinical Science), 2015

Predoctoral Internship: West Los Angeles VA Healthcare System

Postdoctoral Fellowship: VA Greater Los Angeles Healthcare System, West Los Angeles

Track: Health Psychology/Integrated Care

Clinical Interests: Health psychology; psycho-oncology; end of life care; coping w/ chronic illness

Research Interests: mindfulness; psycho-oncology; coping with chronic illness

Katie YoungSciortino, Ph.D.

Doctoral Program: Palo Alto University, Palo Alto CA (Clinical Psychology, neuropsychology track), 2017

Predoctoral Internship: VA Southern Arizona Health Care System (neuropsychology track), 2016-2017

Postdoctoral Fellowship: Neuropsychology Postdoctoral Fellowship, Phoenix VA Health Care System, 2017-2019

Training Track/Clinics: Clinical Neuropsychology; Outpatient Neuropsychology Service

Clinical Interests: Acquired brain injuries (e.g., stroke, TBI), dementia/neurodegenerative diseases - in particular, the contribution of vascular risk factors to dementia, and cultural aspects of neuropsychological assessment

Zeller, Michelle, Psy.D, ABPP-CN – (Director, Psychology Practicum Training Program)

Doctoral Program: Pepperdine University (Clinical), 2004

Predoctoral Internship: VA Greater Los Angeles Healthcare System

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute, 2004-06

Track: Health/Integrated Care (Inpatient Acute Rehabilitation Unit)

Clinical Interests: Neuropsychological assessment, individual psychotherapy, group psychotherapy, geropsychology

Research Interests: Cognitive performance on neuropsychological measures and PTSD

Psychologists Available for Training or Serving as Consultants:

Amin, Anjuli R., Ph.D. (Staff Psychologist, Telemental Health)

Doctoral Program: Southern Illinois University, Carbondale (Counseling), 2011

Predoctoral Internship: Zablocki VA Medical Center, Milwaukee, WI, 2010-2011

Postdoctoral Fellowship: Special Fellowship in Primary Care and Health Psychology, Edward Hines Jr., VA Medical Center, Hines, IL, 2011-2012

Track(s): Diversity Seminar Co-Leader

Clinical Interests: Multiculturalism; Aging; End-of-Life; Health Psychology/Behavioral Medicine

Research Interests: Health Disparities for Women of Color; Sexual Health; Multiculturalism

Jarvis, Sara J., Ph.D.

Doctoral Program: Southern Illinois University, 1987

Predoctoral Internship: Camarillo State Hospital

Clinical Interests: Personality and cognitive assessment, individual psychotherapy, projective testing

Lin, Joy Y., Psy.D., MFT

Doctoral Program: Pepperdine Graduate School of Education and Psychology (Clinical), 2019

Doctoral Internship: VA West Los Angeles 2018-2019

Postdoctoral Residency: VA Sepulveda Ambulatory Care Center, 2019-2020

Training Roles: Supervisor, Supervision Seminar Facilitator, Diversity Seminar Co-Facilitator

Areas of Interest: Diversity and Multicultural Psychology, Integrative Health, Anxiety Disorders, Posttraumatic Stress Disorder, MST, Women's Health, Multicultural Supervision

Certifications: Certified VA Cognitive Processing Therapy (CPT) Provider

Razmjou, Erika, PsyD

Doctoral Program: Pacific University, Oregon, 2019

Predoctoral Internship: University of Colorado—School of Medicine, 2018-2019

Postdoctoral Fellowship: Health Psychology, VA Greater Los Angeles Healthcare Center, West Los Angeles, 2019-2020

Role/Track: Co-Leader, Diversity Seminar; DEI Co-Chair; Health Supervisor

Clinical Interests: Health Psychology/Behavioral Medicine (pain psychology, behavioral sleep medicine, mTBI/concussion, end-of-life care); Health Literacy and Disparities; Yoga and Mindfulness Certifications: Prolonged Exposure for Primary Care, Cognitive Behavioral Therapy for Insomnia

Rowles, Joanna, Ph.D., Chief, Department of Psychology

Doctoral Program: University of Missouri – Kansas City (Clinical), 2007

Predoctoral Internship: California Psychology Internship Consortium, State Center Community College District, 2006-2007

Rotation: Substance Use Disorder Outpatient Programs

Clinical Interests: Substance abuse treatment, cross-cultural mental health, depression

Certifications: Interpersonal Psychotherapy for Depression

Woods, Catherine, Ph.D.

Doctoral Program: University of Oregon (Counseling Psychology) 2019

Predoctoral Internship: VA Greater West Los Angeles Healthcare System, 2018-2019

Postdoctoral Residency: VA Greater West Los Angeles Healthcare System, Trauma, 2019-2020

Role/Track: Co-Leader, Diversity Seminar (internship); DEI Co-Chair; Mentor, Supervisor, Lecturer

Clinical and Areas of Interests: PTSD and complex trauma, Veterans' trauma, the impact of race-related issues (e.g., racial battle fatigue, racial trauma and stress) on Black communities, Black health and wellness, liberation psychology, mentorship, social change
Current Groups Facilitated: Racial Trauma and Stress
Certifications: Cognitive Processing Therapy, Gottman Method Couples Therapy (Levels 1&2)

Recent Trainees- Training Background

2018-19 residents:

Ph.D., Clinical Psychology, *Alliant International University (San Diego)*

Internship: *VA Sepulveda Ambulatory Care Center*

Track: Interprofessional

Ph.D., Clinical Psychology, *Temple University*

Internship: *West Los Angeles VA Healthcare Center*

Track: Trauma

Ph.D., Clinical Psychology, *University of Southern California*

Internship: *West Los Angeles VA Healthcare Center*

Track: Homeless Mental Health

Psy.D., Clinical Psychology, *PGSP-Stanford Consortium*

Internship: *Long Beach VA Medical Center*

Track: Interprofessional

Ph.D., Clinical Psychology, *University of California, Los Angeles*

Internship: *West Los Angeles VA Healthcare Center*

Track: Homeless Mental Health

Ph.D., Clinical Psychology, *Fairleigh Dickinson University*

Internship: *VA Los Angeles Ambulatory Care Center*

Track: Health

2019-20 residents:

Psy.D., Clinical Psychology, *Rutgers University*

Internship: *VA Los Angeles Ambulatory Care Center*

Track: Homeless Mental Health

Ph.D., Clinical Psychology, *Arizona State University*

Internship: *Edward Hines VA Medical Center*

Track: Interprofessional

Psy.D., Clinical Psychology, *Pacific University*
Internship: *University of Colorado, School of Medicine*
Track: Health

Ph.D., Clinical Psychology, *Pacific Graduate School of Psychology*
Internship: *Long Beach VA Medical Center*
Track: Interprofessional

Ph.D., Clinical Psychology, *University of Oregon*
Internship: *West Los Angeles VA Healthcare Center*
Track: Trauma

2020-21 residents:

Psy.D., Clinical Psychology, *Roosevelt University (Chicago)*
Internship: *VA Sepulveda Ambulatory Care Center*
Track: Trauma

Ph.D., Clinical Psychology, *Nova Southeastern University*
Internship: *Ohio State School of Medicine*
Track: Interprofessional

Ph.D., Clinical Psychology, *University of Southern California*
Internship: *UCLA School of Medicine, Semel Institute*
Track: Health

Ph.D., Clinical Psychology, *George Mason University*
Internship: *West Los Angeles VA Healthcare Center*
Track: Trauma

Psy.D., Clinical Psychology, *Pepperdine University*
Internship: *VA Los Angeles Ambulatory Care Center*
Track: SUD/Homeless Mental Health

Ph.D., Clinical Psychology, *Louisiana State University*
Internship: *Buffalo VA Medical Center*
Track: Interprofessional

2021-22 residents:

Ph.D., Clinical Psychology, *University of Montana*
Internship: *Southwest Consortium/New Mexico VA*
Track: Interprofessional

Psy.D., Clinical Psychology, *Pepperdine University*
Internship: *West Los Angeles VA Healthcare Center*

Track: Geropsychology

Ph.D., Clinical Psychology, *University of California, Los Angeles*

Internship: *West Los Angeles VA Healthcare Center*

Track: SUD/Homeless Mental Health

Ph.D., Clinical Psychology, *Alliant International University (Los Angeles)*

Internship: *VA Sepulveda Ambulatory Care Center*

Track: Trauma

Psy.D., Clinical Psychology, *Pepperdine University*

Internship: *VA Sepulveda Ambulatory Care Center*

Track: Health

Ph.D., Clinical Psychology, *University of California, Los Angeles*

Internship: *West Los Angeles VA Healthcare Center*

Track: Interprofessional

POSTDOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are Updated: 8/21/2022

Eligibility:

All applicants to the Postdoctoral Residency Program must have obtained a doctoral degree in Clinical or Counseling Psychology from a graduate program approved by the American Psychological Association (APA), the Psychological Clinical Science Accreditation System (PCSAS), or the Canadian Psychological Association (CPA) at the time the program was completed. The applicant is expected to have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship.

To be considered for any of our postdoctoral residency positions an applicant must:

1. Have completed all requirements for the doctoral degree, in Clinical or Counseling Psychology, including internship and dissertation.
 - a. Department of Veterans Affairs requires that the applicant's doctoral degree and internship be completed at programs accredited by the American Psychological Association.
2. Be a US citizen. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection and all of our incoming postdoctoral residents must complete a Certification of Citizenship in the United States prior to starting training.
3. Be aware that VA employment requires males born after December 31, 1959 must have registered for the draft by age 26. Male applicants sign a pre-appointment Certification Statement of Selective Service Registration before they can be processed into a training program.
4. Be aware that residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.
5. Know that the VA strives to be a drug-free workplace. Residents are not drug-tested prior to their appointment. However, all residents are subject to random drug testing throughout their VA appointment period. You will be asked to sign an acknowledgment form stating you are aware of this VA practice. This form authorizes your drug test results to be shared with VA officials and others who have a need to know. Failure to sign the authorization form may result in disciplinary action up to and including removal.

Selection Process (see also, page 11, "Resident Preparation and Onboarding with VA")

We are seeking applicants who have strong skills in intervention, assessment, and possess prior clinical experience and specific interest in their chosen emphasis area. Applicants should have adequate academic preparation and have acquired Profession-Wide Competencies in context of service provision to adult patients/clients. They should have received individual supervision with direct observation of the clinical work within their graduate program and pre-doctoral internship and they should meet eligibility requirements for VA employment. Applicants should also have the personal characteristics necessary to function well as a doctoral-level professional within a medical center environment and interdisciplinary

treatment settings. Our selection criteria specifically focus on educational background, clinical training and experience, letters of recommendation and the ability of the applicant to articulate their training goals and professional aspirations that we feel are consistent with the Residency Program and with VA mission. We seek the best fit between applicants and our training program.

Applications are reviewed by the Director of Postdoctoral Training (Dr. Castellon), in addition to the relevant members of the Postdoctoral Residency selection committee. This committee is comprised of clinical psychologists who serve as primary or delegated supervisors for each of the emphasis areas in which residencies are being offered. [For the 2023-24 training year, staff on the selection committees include: **Behavioral Sleep Medicine/Health Psychology** (Drs. Bailey, Chen, Christie, Kay, McGowan, Saldana, & Taylor-Ford,)), **Interprofessional Integrative Health** (Drs. Serpa, Dennis, and Steinberg-Oren), **Trauma Psychology** (Drs. Boxer, Himmelfarb, Robinson, & Spezze), **SUD** (Drs. Bailey, Cardoos, Johnson and Perales), **Geropsychology** (Drs. Cernin, Booker, Melrose, Osato, Taylor-Ford, & Wilkins.) Following this review, highly ranked applicants are asked to participate in interviews, which, due to Covid-19, will occur via video tele-conferencing. After the interview process is complete, the selection committee again ranks the applicants and offers can then be extended to top applicants for each of the open positions. When applicants are no longer under consideration, we strive to notify them of this as soon as possible.

Financial and Other Benefit Support for Upcoming Training Year*

- Annual Stipend/Salary for Full-Time Residents: \$52,911
- Annual Stipend/Salary for Part-Time Residents: N/A
- Program provides access to medical insurance for resident? YES
- If access to medical insurance is provided:
 - Trainee contribution to cost required? YES
 - Coverage of family member(s) available? YES
 - Coverage of legally married partner available? YES
 - Coverage of domestic partner available? NO
- Hours of Annual Paid Personal Time Off 104
 - 4 hours accrued every two weeks
- Hours of Annual Paid Sick Leave 104
 - 4 hours accrued every two weeks
- In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to Interns/residents in excess of personal time off and sick leave? YES

Other Benefits (please describe): Hours of Federal Holiday Leave - 80; Hours of Education Leave - 40

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Postdoctoral Residency Positions (provide an aggregate total for the previous three cohorts)

	2018/19 – 2020/21
Total # of Residents in the 3 cohorts	17

Total # of Residents who remain in residency program	0	
	PD	EP
Community Mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	10
Military health center	0	0
Academic health center	0	2
Other medical center or hospital	0	1
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	4
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.